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ABSTRACT

Five articles address current teaching and programming practices in the education and treatment of behaviorally disordered youth. In "Down the Up Staircase: The Teacher as Therapist," P. Nichols explores the premise that teachers should not limit their potential as child helpers by excluding counseling and psychotherapeutic interventions. "Videotape Feedback as a Therapeutic Tool" (D. Raschke et al.) describes ways in which educators can effectively use videotape feedback to help behaviorally disordered students become more aware of the consequences of their behavior and develop constructive alternatives. In "Job Training/Career Awareness Partnership Program for Emotionally Disturbed Juvenile Delinquent Youth," M. Weber outlines components of a community-based alternative to incarceration or institutionalization. "Extending Emotional Responses through Poetry Experiences" (J. M. Harms et al.) illustrates how poetry can encourage a more flexible and creative view of life experiences for children with emotional and behavioral problems. Finally, "A Transitional Education Model for Reintegrating Behaviorally Disordered Students from Residential Treatment Centers to Public School Programs" (H. S. Muscott and R. Bond) describes a model for systematically preparing students for less restrictive environments, using the Transition Classroom as the linkage between the treatment facility and the local school district. (JW)

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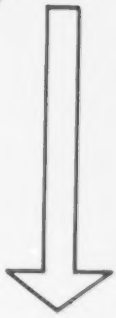
TEACHING:

Behaviorally Disordered Youth



VOLUME 2

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COUNCIL FOR CHILDREN WITH BEHAVIORAL DISORDERS

The Council for Children with Behavioral Disorders is a national professional organization for those interested in the education and well-being of behaviorally disordered individuals. The Council functions to develop lines of communication and interaction among professionals, disciplines, and organizations, to promote adequate programs for recruitment, training and consultation, to encourage research and development, to support legislation for services to these children. Toward this end, the Council publishes a quarterly journal, *Behavioral Disorders*, and sponsors national conferences in relation to these interests. An organization of 5,500 members, the Council maintains central offices at 1920 Association Drive, Reston, Virginia 22091.

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From the Editor

Volume Two! What a nice ring that has! It is an indication that Volume One served a purpose, found an audience, and answered some questions. Those of us involved in the publication of this effort really appreciated the letters and comments sent by many of you, and the suggestions were most helpful. I would like to encourage any of our readers who have thoughts on improving the monograph — or on improving the field of teaching behaviorally disordered youth — to send such thoughts to me. If we receive enough material, perhaps we can initiate a "Letters" column in future editions. Speaking of future editions, this seems a good opportunity to solicit manuscripts for our next monograph. The executive committee of the Council for Children with Behavioral Disorders makes the final decision on the future of *TEACHING: Behaviorally Disordered Youth* so your response, via letters and manuscript submissions, is crucial. We do encourage submissions from teachers, researchers, program directors, students, any and all who are concerned with the education of behaviorally disordered students. Manuscripts should be no more than 20 pages in length and should be written according to the publication guidelines of the American Psychological Association. Four copies of the manuscript should be sent to me at the address below. If you have questions about the suitability of a topic or manuscript, please feel free to contact me.

This second edition of *TEACHING: Behaviorally Disordered Youth* continues our attempt to provide those in the field with a wide variety of information on current teaching and programing practices. From practical aspects of utilizing videotape technology to the more emotional topic of poetry, we have presented articles on intervention strategies. The papers on the STRIVE career awareness program and the transition from residential to public school placement outline some solutions to difficult programing problems. The first article, *The Teacher as Therapist*, provides thoughtful insights on a definitional and philosophical debate that has long been a part of our profession, and will, no doubt, continue to concern us. Again, I must thank our contributing authors and our expanded board of consulting editors who have added these responsibilities to those already associated with their various professions involving behaviorally disordered youth.

As we move into a year marked by budget cuts and concern over apparently dwindling resources, it is more important than ever that we communicate with one another, document our successes, share our techniques, and analyze our failures. Collectively, we have made great progress in defining appropriate methods for teaching behaviorally disordered children and youth. Our continued interaction with one another will ensure that such progress continues.

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Down the Up Staircase: The Teacher as Therapist

Polly Nichols

Those of us who teach children termed emotionally disturbed (ED) or behaviorally disordered (BD) tend to be very uneasy about the notion of therapy. Special educators in other fields greet the word with calm. Most schools have the services of speech clinicians who provide speech therapy after making diagnoses; we clamor for the services of more physical and occupational therapists; teachers of the learning disabled (LD) speak of prescriptive teaching and academic therapy. In these contexts, the fact that we are speaking straight out of the medical model (therapy comes from the Greek word for healing) scarcely seems to faze us. In our own field, however, we rarely even encounter the word. One recent text does include a chapter entitled "Supportive Therapies" and lists them as writing therapy, bibliotherapy, poetry therapy, dance therapy, art therapy, drama therapy, music therapy, the computer and the telephone (Phillips, 1981); psychotherapy is alluded to but not discussed. In most tests that even list the word in their indexes, psychotherapy is pigeonholed and dismissed in one to three paragraphs (Kauffman, 1981; Paul & Epanchin, 1982). Whatever we label our individual pigeonholes —psychodynamics, mumbo-jumbo, truth, psychiatry, awesome, or irrelevant — we know it is somebody else's concern. What the word *psychotherapy* means at heart is *healing the breath, spirit, soul, or mind*. Surely those are the kinds of things we had in mind when we set out to teach our children.

PREMISES

The premises of this paper are:

1. By excluding what we believe to be out of our purview (i.e., counseling and psychotherapeutic interventions) we limit our potential as child helpers.
2. Psychoeducation has been redefined in current psychological theory and practice and now has much to contribute to and much to gain from educational technology.
3. Teachers can go beyond the manipulation of the classroom environment to foster children's academic, affective, and social growth. We can intentionally teach children new thoughts, feelings, and behaviors.
4. Psychologists and educators must together prepare materials and training opportunities for ED/BD teachers so that we will feel competent and responsible to incorporate intentional psychological instruction as the central feature of our classrooms.

THEORY — RESEARCH

Psychotherapy — Off Limits?

To put ourselves in a theroetical framework that allows us to do ourselves and our students some new kind of good, I believe we will have to pull this word out from whatever pigeonhole we have filed it and let it see the light of day. It is not a great word. Just say the prefix *psycho* and dread associations flash by — crazed, psychopathic, cartoons of neurotic people on couches or pictures of psychotic ones in snake pits, a famous horror movie — clearly not for us.

Perhaps because it shares a prefix with psychoanalysis and psychiatry, psychotherapy is frequently put into those slots by educators. Once lodged there, it *is* clearly off limits. Psychoanalysts undergo years of training to operationalize a complex theory of unconscious mental processes; psychiatrists are medical doctors, just for a start.

A longer form of this article appears in Grosenick, J. K., Huntze, S. L., McGinnis, E., & Smith, C. R. (Eds.) (1984, March). *Social/Affective Interventions in Behavioral Disorders*. Des Moines: State of Iowa, Department of Public Instruction.

Definition of Terms

Psychologists use the word psychotherapy to encompass a full range of psychological techniques and to differentiate between the severity of clients' (or patients' if they are in hospitals) problems. Ivey (1980) makes these distinctions:

> *Helping* — a general framework in which one person offers another person or group assistance, usually in the form of interviewing, counseling, or psychotherapy.
> *Interviewing* — a method of information gathering.
> *Counseling* — a more intensive process concerned with assisting normal people to achieve their goals or function more effectively.
> *Psychotherapy* — a longer-term process concerned with reconstruction of the person and large changes in personality structure. . .often restricted in conception to those with pathological problems. (pp. 13-14)

Ivey goes on to point out that the words are used interchangeably and that distinctions between them often blur. Such will be the case here, and I prefer not even to approach the problem of deciding which of our children are *normal* and which are *pathological*. I address the issue because Public Law 94-142 terms our students *seriously emotionally disturbed*. It requires that we justify their exclusion from the mainstream, the domain of school counselors, presumably because these students require more attention to these emotional disturbances than do students with only normal troubles. That appears to thrust us beyond the domain of counseling into the realm of psychotherapy if we are not to be derailed from this helping continuum altogether.

To suggest that psychotherapy be a part of our classrooms because it is *longer-term* and deals with more *seriously* disturbed children than does counseling appears to be only a semantic manipulation. But *what we do is shaped by what we say about what we do*, a point that will be highlighted again in this article. In this case, we tend not to talk specifically about this helping continuum at all. The children are placed in our self-contained programs in a general belief, as expressed to parents, that they will get the special help and the structure they need. Most often the special help *is* the structure — a well-designed, more consistently applied behavior management system. But the unspoken assumption is that it will also include more pointed work on "reconstruction of the person and large changes in personality structure" — in the verbal domains of interviewing and counseling as well as in the behavioral ones of reinforcement systems and academic modifications.

The Teacher's View

No one brings the discrepancy between this assumption and the truth into sharper focus that ED/BD classroom teachers. They do feel derailed unless theirs are among the few programs that include regular, direct interactions with the children and psychiatrists, psychologists, or social workers. (Remember, the counselors in their schools are at work on the problems of the regular classroom kids now that these difficult ones are getting special help.) Many teachers do not feel that they are trained to deal directly with their children's emotional problems at all. They have their hands full creating positive, orderly environments in which children can acquire the academic skills that schools are about. In fact, one way some teachers keep a roomful of volatile children in hand is to keep opportunities for emotional responses at a minimum. The classroom may be arranged so that each child, as much as space will allow, is an island; opportunities for social interactions in the group or the mainstream are tightly regulated; instruction is primarily on a one-to-one basis, reinforced by work sheets done at desks or in carrels; talking is in hushed tones and only after hands are raised. The teacher knows the children need something more and, feeling personally incapable and too pressed by what he or she *is* doing, seeks help from such outside sources as mental health centers. But we know, for instance, that children from disadvantaged families — among those who need such help the most — are unlikely to maintain involvement with such clinics (Furman, Sweat, & Corcetti, 1965).

The worst upshot of this can be that, instead of receiving more special help with the severe emotional problems that presumably led to placement in a restrictive setting, the ED child actually receives less. Instead of learning ways to solve personal or interpersonal

problems, the child has them structured out of his or her classroom environment. Instead of talking to the school counselor about problems at home and with friends, the child receives points for "staying in seat" from an aide, the only regular helper made available to the harried teacher.

The Psychotherapist's View

A history of animosity exists between educators and psychotherapists. Clarizio (1976) summarized the situation and the low teacher self-esteem it has engendered:

> Because mental health workers or psychoeducational specialists (psychologists, psychiatrists, social workers, and counselors) have not fully understood the teacher role, they have made little available to teachers in the way of specific and concrete practical suggestions pertaining to the management of the child's daily behavior. The sad truth is that the mental health concepts advanced by psychodynamically oriented clinicians have proved of little value to teachers on the front lines. . . .
>
> Because of . . . basic differences in outlook, the folklore of mental hygiene concepts disseminated in teacher training courses has more likely neither promoted the mental health of teachers nor that of their children. In fact, personal adjustment and academic achievement have been viewed as incompatible objectives. *Teachers, being asked to do what they cannot, have consequently been made to feel anxious, helpless, and guilty* [italics added] with the result that they are less well prepared to fulfill their mental health roles. (p. 4)

A negative feeling Clarizio does not mention, but that we have all experienced as well, is anger. It is infuriating to be stereotyped, as teachers often are, as unfeeling drudges, perpetuators of an arbitrary system that denies children their human potential. It would be fair to say that the mental health movement has rewarded warmth of feeling, spontaneity, insight, a high interest in others, warm parents, freedom to exercise judgment, warm teachers, and democratic classrooms. The same movement has been against being compulsive, competitive striving, intellectualism, being either thing-or-achievement oriented, being emotionally irresponsible, teachers who are curriculum-oriented, the regimentation of school life, group tests, red tape, and vice-principals in charge of discipline. Many of these are precisely the values revered by educators (White, 1965, p. 188).

Premise 1: By excluding what we believe to be our purview (i.e., counseling and psychotherapeutic interventions) we limit our potential as child helpers.

The teachers' and psychotherapists' views described in the preceding two sections are in agreement: teachers should not mess around with psychotherapy — that is the domain of warm, humanistic mental health professionals. Teachers have neither the time nor the training to deal directly with serious emotional disturbance. They can be expected to create a structured environment in which the "primary goal is not to increase the child's personal insights but to achieve certain academic objectives" (Clarizio, 1976, p. 4).

I believe that this view is nonsense. It represents a perpetuation of myths: (a) about psychotherapy — that all of it is at heart psychodynamic in nature; (b) about psychotherapists — that they and they alone can be trained to be holders of the sacred flame of healing; and (c) about teachers — that our domain is limited to structuring classrooms and must not include restructuring the children themselves.

Myth A — Psychotherapy

Like most stereotypes, these three contain historical elements of simple truth that have been elaborated and perpetuated out of bounds. The first was born out of the pervasive influence of Freud's theory that created an identity in the public mind between psychodynamics, psychoanalysis, and psychotherapy. Psychoanalysis is indeed a psychotherapy, but it is only one of three or four major branches of psychotherapy, others being behavioral and existential-humanistic (Hersher, 1970). Because its practice is generally very long term and can only be carried on in private therapy sessions, and because its focus is on uncovering the past and the unconscious, there is little the teacher can do to fit the psychoanalytical

model except provide a classroom in which the children can regress without repression. A roomful of children regressing without repression is not one where teachers can readily ply their teaching trade; the libidinous and the anal are not the basics they are comfortable getting back to, and so psychodynamics and education have long since gone their separate ways.

Notice, however, the power of specific words. To many educators, psychoanalysis and psychodynamics are dirty words. They represent not only Freud's theory itself, which they may deem unproven or even absurd, but also the frustration, irritation, and professional rejection that accompany teacher's unwillingness or inability to participate as full partners in its use. By linguistic extension, the same feeling seems to have become associated with the word psychotherapy, from which the two psycho-words are not distinguished.

By cognitive extension, then, it happens that the notion of psychotherapy, healing the mind and spirit, is the baby that gets thrown out with the psychoanalytic bathwater. Such is the power of words that we have tended to categorize anything listed under the rubric *psychotherapy* as irrelevant to our profession and of as little help to our children as psychoanalysis is. Similarly, if with less intensely negative feeling, we have not fully explored helping activities under the heading of counseling. Counseling is for counselors as psychotherapy is for psychotherapists or, perhaps, psychoanalysists, psychiatrists, or psychologists — counseling and psychotherapy are *not* for educators.

This has handicapped us with a kind of tunnel vision. Later I will outline some of the things counselors and psychotherapists are doing with practical promise for us in our classrooms. We must at least investigate them. It seems as preposterous to me that we not work directly on children's serious educational disturbance as it would seem if teachers of the visually impaired did not teach Braille or teachers of the learning disabled did not remediate reading. They could adjust their students' school environments to accommodate their major academic handicaps by taping all their lessons for them, but it seems clear to me that our special education mandate is to teach skills that will enable children to participate more normally in all aspects of their lives, not just academic endeavors. As the blind child needs mobility training, the ED/BD child needs cognitive and affective training, and to the extent that such skills are teachable, teachers must take responsibility for teaching them.

In saying this, I am not damning our work so far as irresponsible; I believe that, in practice, we have for years been actively and profitably engaged in psychotherapeutic endeavors. Our classrooms probably represent the most pervasive and extensive use in society today of behavioral therapy, a major branch of psychotherapy, and many teachers spontaneously employ skills and concepts that counselors would term humanistic or client centered. I simply suggest that by sharpening our perceptions of these activities as being psychotherapeutic, we can open our minds and improve our skills in many ways we have traditionally deemed outside our ken.

Myth B — Psychotherapists

Review the long quotation from Clarizio (1976) earlier in this article. His section title was "Psychiatric Versus Educational Model" and the list of the *them* who are versus the *us* are "mental health or psychoeducational specialists (psychologists, psychiatrists, social workers and counselors)" and "psychodynamically oriented clinicians." Clarizio goes on to summarize the aspects of inappropriate advice that mental health professionals give teachers clearly in terms of psychodynamic theory: (a) involving just one child at a time; (b) having a primary goal of increasing a child's personal insight; (c) being premissively accepting; (d) dealing with the subconscious; and (e) focusing on problems other than real ones in the present situation.

This is a good example of Myths A and B as the author leaps to the summary thought that all these mental health professionals would be likely to give the same advice. In fact, the terminology and concepts quoted are clearly from the mouth of one of psychodynamic persuasion; many other therapists and counselors would disagree as vigorously with them as Clarizio does. I call Myth B the Ann Landers response to problems. When Ann's advice is sought by someone in deep emotional trouble, her urgent advice is to "seek professional

help." Readers figure she means someone of the sort Clarizio mentions, that professional help exists as a specific thing that will heal, and that in all likelihood this help will be analytical and will involve delving into causes in one's psychosexual past.

In fact, individual professional helpers are a highly diverse group both within and between professional backgrounds; about the only absolute statement possible is that, of those mentioned, only psychiatrists can prescribe drugs. Some psychiatrists do so a lot, others very little. On the East Coast, they are likely to be psychodynamically oriented; in the Midwest, behaviorist. Some engage in direct psychotherapy, others mainly conduct interviews and manage cases, leaving actual counseling and training to social workers or psychologists. I work at a children's psychiatric unit and have visited others; each distributes staff and responsibilities differently. When I read Ann Landers' column and realize that my colleagues and I are part of professional help, I am struck by how amorphous that is, how full of human variability and fallibility, and how imperfect the struggle we "experts" put up in trying to help.

The ED classroom teacher, pressed for time, short of help, and feeling unqualified to counsel, often seeks the Ann Landers solution. The point to be made here is that if teachers have specific changes they want to see made in their children's school behaviors, they are likely to be more satisfied with work they get done in their own space than that administered elsewhere by an external therapist or counselor. As Walker (1979) says about the problem of generalizing change, "*What you teach is what you get, and where you teach it is where you get it*" (p. 298). Teachers need not defer to professional helpers — teachers are already professional helpers, experts in specific techniques of behavioral therapy. If we have a need to broaden our skills to include other helping strategies, we are at least as capable of doing so as are most other professionals. We need more good training and materials we can get when we need them, but until they are forthcoming, we can use our teaching know-how to make what is available work.

Teachers should not feel that in order to be effective counselors they must embark on extra degree programs. Paraprofessionals have been trained in relatively short times to work effectively with people, and a review of 80 studies shows their impact can be as high as or higher than fully trained professionals (Carkhuff, 1968). Hackney, Ivey, and Oetting (1970) report teaching one of their secretaries the specific skill of attending in a 20-minute session using videotape feedback and practice. They then taped her in an interview with a student where her performance was judged to be "like a highly skilled, highly experienced counselor" (p. 345). If these inexperienced people can become effective counselors, teachers who are already knowledgeable about difficult children and who have a primary career focus in helping them surely can too.

Myth C — Teachers

Just as the words we use to describe what we do to a large extent shape what it is that we do, so the terms we use to describe our profession both reflect and shape our professional character. All aspects of the field of special education for the emotionally/behaviorally handicapped became fully elucidated in 1972 with the publication of the first of the four-volume *Study in Child Variance* by the University of Michigan's Conceptual Project in Emotional Disturbance (Rhodes & Tracy, 1972). The perspective of six schools of thought about emotional disturbance — psychodynamic, behavioral, ecological, biophysical, sociological, and counter-theoretical — and their relationship to teaching were described.

Most textbooks written since *Child Variance* have laid out a menu of these approaches from which the teacher-in-training will presumably choose (e.g., Paul & Epanchin, 1982; Shea, 1978). After this broad-minded introduction, however, it soon becomes clear that there are basically two opposing camps, that they are in vigorous theoretical disagreement, and that each particular author is committed to one or the other. One camp perceives the task of the teacher to be changing children's observable behaviors by structuring a classroom environment where academic and social learning will occur. The other perceives the task of the teacher to be changing children's perceptions of themselves in relationship to past and present events by individualizing a classroom program where academic learning

and personal insight will occur. The most frequently used semantic shorthand terms for these camps are *behavioral* for the first and *psychoeducational* for the second; therein lies the confusion.

Behaviorism has always had the advantage of being operationalized by its very nature into concrete and specific things-to-do with clear-cut means of assessing their efficacy. From Hewett's description of his engineered classroom in 1968 to the present, the use and acceptance of this technology has grown exponentially. Ten years ago, it seemed to me that the hardest task for teacher-trainers was to convince young teachers that creating warm, accepting classroom climates with an emphasis on teacher/student rapport was not enough, that they needed to provide structure, or "B-Mod," to help children change. Now I believe the excesses we are likelier to see among less-experienced ED/BD teachers are overreliance on external structuring techniques. Because these perspectives have often been formulated and articulated in direct reaction against each other we have created an adversarial, either/or mind set about them. Compare these statements in regard to causal factors of children's problems:

> No technical procedure will help (the teacher) to overcome a child's resistance to learning, unless she understands the child's motivation and knows how to improve it, if necessary. Any teacher can acquire this knowledge by studying psychodynamics. (Dreikurs, 1968, p. 4)

> The special educator has two primary responsibilities: first, to make sure that he or she does no *further* disservice to the child; and second, to manipulate the child's present environment in order to cause more appropriate behavior to develop in spite of past and present circumstances that cannot be changed. (Kauffman, 1981, p. 286)

Premise 2: Psychoeducation has been redefined in current psychological theory and practice and now has much to contribute to and gain from educational psychology

In reading for this article, I discovered that we educators have had a flame stolen from our professional sanctuary. We all know what the word *psychoeducational* means. It was identified and elaborated on as one of the concepts in the *Child Variance* books where it is defined: "Psychiatric and educational emphases are of equal importance. Educational decisions are made with a consideration of underlying disturbance in the child" (Hoffman, 1974). We also can probably name the main proponents of psychoeducation thus defined (e.g., Fagen & Long, 1970; Redl, 1959), and its main components:

> . . . that educational decisions should be based on the consideration of unconscious motives and underlying conflicts; that learning should be pleasant and relevant to the student; that group processes and crisis situations should be utilized to develop insight; that the teacher should establish an empathic relationship with the student; and that, although the teacher must enforce necessary limits, flexibility is important. (Brown, 1981)

Thus defined, psychoeducation is most often used as a label for the opposing camp to behaviorism. It suggests connections with psychiatry and with psychodynamic theory (though they themselves may be quite disconnected), with the past and the internal rather than the present and overt.

While the behaviorists among us were dismissing psychoeducation as softheaded or at least second-rate, and the psychoeducators were restating their positions and trying to come up with efficacy data to support them, the counseling psychologists took over the term and made it theirs. In doing so, I believe they have built a bridge back to education that child-helpers from both territories can walk across and meet upon. Contrast these psychologists' descriptions of psychoeducation with the educational ones quoted above:

> Within the past five years, there has been a good deal of promulgation of the view that psychological practitioners ought to consider educational training as a therapeutic modality. . . . Most of the advocates of such an approach agree that the educational model means psychological practitioners seeing their function not in terms of

abnormality (or illness) → diagnosis → prescription → therapy → cure; but rather in terms of direct satisfaction or ambition → goal setting → skill teaching → satisfaction or goal achievement. The person being served is seen as analogous to a pupil, rather than a patient (Authier, Gustafson, Guerney & Kasdorf, 1975, p. 31).

Authier and his colleagues go on extensively to review the literature of educational therapy as it has been applied in psychiatric hospitals with adult patients. They do so to make their point that the method is not limited just to relatively mild problems. Teaching activities have included instruction, homework, modeling, guided participation, practice, and feedback. The teaching has been tutorial or in small classes. The curriculum is as diverse as systematic desensitization of phobias, sex therapy, alcohol treatment, assertiveness, and human relations training, and the theory of operant conditioning. The focus is the medium, not the message, and the medium is what we educators know best.

It is not surprising that many traditional counselors and psychotherapists take a very dim view of this trend as it becomes stronger. Psychologists are now moving into the same kinds of opposing camps on the issues in which educators have long entrenched themselves. Some fear that a skills approach to counseling will be mechanistic and that the individuality of persons will become lost (noted by Ivey, 1980). Others have concerns about the lack of a clear theoretical base for psychological education, and some appear reluctant to lose a certain kind of power and influence associated with the role of the doctor-like therapist or high priest and to open their methods to scrutiny (Authier et al., 1975). Just as we thought all along!

If mental health professionals who have not been trained as teachers can use our technology to help adults in psychiatric settings learn new ways of responding to others and managing their lives, surely we teachers who have not been trained as counselors or psychotherapists can learn to apply our teaching techniques to their curriculum content and help the still malleable youngsters in our classes.

The psychoeducational activities to be described here are quite opposite those ascribed earlier by Clarizio to mental health professionals.

1. Instead of working with one child at a time, the psychoeducator works regularly with class groups.
2. Instead of the primary goal being to increase children's insight, it is to improve the quality of their responses to their environment.
3. Instead of being permissively accepting, the psychoeducator forceably seeks change.
4. Instead of dealing with the subconscious, the psychoeducator deals with overt behaviors and with such covert behavior as the self-talk that sparks them.
5. Instead of dealing with problems outside of present situations, the psychoeducator uses here-and-now data to help children make plans and build skills for next time.

Of course this is not unheard of — it is already being done in many ED/BD classrooms. New programs that include complete lesson plans written by psychologists to guide teachers in providing therapy for their students in teacherly ways have been published since 1980 (see Appendix); Schneider and Robin's *Turtle Manual* has been a resource for teachers of disruptive children since 1975. What I propose is that we not wait for more programs to be published for us, but that we use the therapeutic skills we have, master the ones we need, and assume responsibility for helping our children generate more rewarding thoughts and feelings that will, in turn, generate more adaptive behavior. If we apply social learning theory and the Direct Instruction technology from our domain to the content of the psychotherapists' domain and master the skills of intentional communication from the counselors' domain, we can design or modify our own helping curriculum.

Premise 3: Teachers can go beyond the manipulation of the classroom environment to foster children's academic, affective, and social growth. They can intentionally teach children new thoughts, feelings, and behaviors.

Semantics again: In his book *Counseling and Psychotherapy*, Allen Ivey (1980) uses the

term *intentionality* to describe the mature and effective counselor or psychotherapist. It brought to mind an educational term, Direct Instruction, a model of teaching that assumes neither entry nor Mastery levels of achievement without having directly taken responsibility for careful teaching. Intentionality conveys the same sense of purposeful direction and precision. Ivey describes the intentional counselor as a person with a sense of capability and an awareness of his or her interaction with the environment. He or she has a broad response repertoire from which to draw the particular response that will be helpful whatever the age or the socioeconomic or cultural background of the person to be helped. Three major skills are:

> The ability to generate a maximum number of verbal and nonverbal sentences to communicate with self and others.

If you can remember guiding ED/BD students through lessons on feeling expression, you know what immobility, the opposite of intentionality is — "stuckness," frozen patterns of responding, the rigid inability to communicate.

> The ability to generate a maximum number of sentences to communicate with a variety of diverse groups within the culture.

Our groups, parents and children, will not only be culturally diverse; they will be of diverse ages and developmental levels. Here the opposite of intentionality runs the gamut from being patronizing to obtuse to rejecting.

> The ability to formulate plans, act on many problems existing in a culture, and to reflect on these actions. (pp. 8-11)

This is a key concept. The intentional counselor directs talk ultimately toward plans, and actions the client can practice, apply, and generalize.

Note that two of these three major skills are described in terms of numbers of sentences generated by the counselor. Language — the words and sentences we use — is the core of helping interactions. Many or most of our children, however, are deficient in language skills in some way, and there is frequent and appropriate criticism of counseling as involving too much talk, too little action. But remember, *what we do is shaped by what we say about what we do.* Children must have words to think the thoughts to say to themselves in order to control their own behavior; that is how human beings work (Kanfer, 1975; Meichenbaum, 1977). The fact that with some we will carefully select short, simple phrases that can be overlearned and combined with actions or pictures shows our ability to hone our verbal and nonverbal language specifically to communicate with the cultural group that is our ED/BD classroom. "Maximum number of sentences" is better thought of as "maximum number of *kinds* of sentences" than as "maximum number of *words in* sentences."

Occasionally I observe a specific language disability of this kind among teachers who are having problems managing their classrooms. I call the problem "playing teacher," and it is a good example of frozen patterns of responding, the opposite of intentionality. When making school visits to work out management plans for children who are doing poorly, and meeting with the teacher before school, I may be impressed by his or her thoughtful concern for the child as an individual. But as soon as we walk into the classroom, a different person appears. I begin to hear the stock comments and see the stern mask of the teacher role we probably all acted as kids when we played school — "Just what is the meaning of this . . .?" "Don't talk to me in that tone of voice." "If you don't stop that right this minute, I'll. . ." Stuckness. The intentional teacher will develop a good ear for sentences, stop using those that are ineffective or that make matters worse, and tailor helping ones for each child and each situation. Some suggestions for learning to do so will come later in this article.

Intentionality names a quality that is generalized across helping interactions of all kinds; *Direct Instruction* refers to a teaching technology designed by Siegfried Engelmann (1969) specifically for low SES children whose poor language and attention put them at behavioral and academic disadvantage. *Intentional Psychological Instruction* is a term that synthesizes, for me, the communication competence of the skilled counselor with the precision and "planfulness" of the skilled teacher.

The complete teaching scripts that comprise the teachers' manuals for Engelmann's texts since published by Science Research Associates as *DISTAR* and the *Corrective* series seem about as distant from what we think of as counseling as anything educationally could be.

But I propose that effective psychoeducation for our ED/BD children requires many of the same teaching strategies Engelmann uses for effective academic instruction.

An analogy to the teaching of reading may make this clear. Normal children who come from reading families will learn to read on their own. If we read aloud to them while they look on, they will spontaneously generate the linguistic rules of reading much as they learned to talk (Smith, 1979). This whole language approach, however, is not systematic and repetitious enough for cognitively slow children, and for them the reading teacher must specifically teach phonic rules and sight words, work deliberately on comprehension techniques, and broaden their exposure to language of all kinds (Stanovich, 1980). The children who require the most structured and artificial reading instruction of all are poor children from language-deprived homes, who have developed neither the cognitive nor the behavioral skills to learn efficiently. Such children are the targets of Engelmann's Direct Instruction model. When this model was compared to eight others over the four-year span of kindergarten through third grade for over 5,000 students in 139 communities, it placed first by wide margins on all measures of basic academic and cognitive skills, grade equivalencies, and affective measures (Becker & Engelmann, 1977). The study showed that poor children could catch up to middle class peers if reading instruction was precise and focused more on learning behaviors than on actual content. Severely learning disabled youngsters from adequate backgrounds also benefit from this approach. Finally, for the least able students of all, only such functional skills as recognizing the meaning of words on signs and other requirements for community survival comprise reading instruction.

Premise 4: Psychologists and educators must together prepare materials and training opportunities for ED/BD teachers so that we will feel competent and responsible to incorporate Intentional Psychological Instruction as the central feature of our classroom.

Now that psychoeducational technologies of proven effectiveness are becoming more readily available (see Appendix), it is untenable that we who teach in ED/BD self-contained classrooms should not make use of them. If teachers of the blind could teach better vision, we would expect that to be the main goal of their classrooms. To the extent that we can teach better thinking, emotional responding, and behavior, doing so should be one of our main goals.

To do that well, however, we not only need to decide what program to use with which group of children, a very big order in intentionality itself; we need also to know how to adapt our words and sentences so that we become intentional teachers in the myriad of one-to-one encounters we have every day. Teaching in our classrooms is demanding, often exhausting business, the only one of the helping professions that requires such extensive after-hours planning and such all-day-long, client-intensive work. Perhaps the redefinition of psychoeducation will lead to the inclusion of training in specific counseling skills in our preservice training programs so that we are not "burned out" by the task. I believe this is imperative if we are to be the competent, confident child helpers that society expects and our students need.

As this article is to offer teachers directly useful suggestions and not simply impassioned pleas for better tomorrows, I close this section with a list of ways we can acquire some of these skills on our own.

Read books by several key therapists. We must not count on just watered down or condensed accounts such as those offered in this article. We must delve and explore, and do so widely enough to provide our bows with several conceptual strings. The authors below practice the clear, unfancy communication they preach, so their books make for lively reading.

> *On Becoming a Person* (1961) and *Freedom to Learn* (1969) by Carl Rogers
> *Reality Therapy* (1965) and *Schools Without Failure* (1969) by William Glasser
> *Cognitive-Behavior Modification: An Integrative Approach* (1979) by Donald Meichenbaum
> *Humanistic Psychotherapy* (1973) and *How to Prevent Your Child from Becoming a*

Neurotic Adult (1966) by Albert Ellis

Two collections of articles allow the theorists behind the programs described earlier to speak for themselves.

Social Competence. Interventions for Children and Adults (1980) by Rathjen and Foreyt
Teaching Social Skills to Children (1980) by Cartledge and Milburn

Study and practice communication skills. Our main psychoeducational planning will be for groups; groups are what life in mainstream classrooms is all about. However, life in ED/BD classrooms is organized so that much (perhaps most) of the day is spent in one-to-one teaching or none-to-one seatwork. Our overall goal will be to increase group interaction, but these opportunities for individualized time can also be balanced to include counseling interactions as well as academic ones.

When teachers protest that they are undertrained to provide counseling, it is likely that they mean they do not know *what to say*. Teachers, after all, are supposed to provide answers to problems. To become intentional counselors, however, teachers need rather to learn *how to listen* and respond to what children say. We may study any counseling technique or supportive therapy and discover that a fundamental first step in each is to convey a personal care for the children and close attention to their ideas. It seems that this should just naturally happen — why would we be ED/BD teachers if we did not feel that way? But we all tend to talk too much, to give too much advice and too many directions (i.e., to play teacher). Conveying the care and attention we feel in ways that will make our children better is an art, and luckily it is an art that can be learned. The best "natural teacher" in the world will become still better when he or she examines the components of successful helping communication and can fine tune them for each person in each situation. That is the meaning of intentionality for teachers, just as it is for counselors.

The books listed below are some that explain and provide exercises for practicing the communication "hows" that effective counselors are trained to use:

Human Relations Development: A Manual for Educators (1977) by Gazda, Asbury, Balzer, Childers, and Walters
Essential Interviewing (1979) by Evans, Hearn, Uhlemann, and Ivey
Counseling and Psychotherapy: Skills, Theories, and Practice (1980) by Allen Ivey

More familiar to special educators are the following works. They demonstrate, respectively, how teachers may put psychoanalytic, Rogerian and Adlerian-based techniques to work in teacher-student communication.

"Strategy and Techniques of the Life Space Interview", *American Journal of Orthopsychiatry* (1959) by Fritz Redl
T.E.T.: Teacher Effectiveness Training (1974) by Thomas Gordon
Teacher and Child (1972) by Haim Ginott

Two authors of texts for ED/BD teachers offer excellent discussions of, respectively, counseling techniques and therapies — behavioral, educational, rational-cognitive, and others.

Adolescents with Behavior Problems: Strategies for Teaching, Counseling, and Parent Involvement (1980) by Vernon Jones
Understanding and Teaching Emotionally Disturbed Children (1980) by Phyllis K. Newcomer

Take a course, class, or workshop in counseling, human relations, small group dynamics, or microcounseling. If a college is not available, watch for announcements of training programs. Many area mental health facilities offer sessions for persons volunteering to serve as paraprofessionals in crisis centers or operating suicide hot lines. Reading is essential, but so is practice with others, and it especially helps to receive feedback from more experienced persons.

Arrange a "practicum" for yourself. Select the teaching program from those listed in the

Appendix, read every word of the explanatory material, and teach at least one series of daily lessons *exactly* as they are laid out. This way you will have had the type of structured teaching used in the program you selected fully taught to you before you think about modifications. In our preservice training, we were encouraged to be creative, not bound to a teaching manual. To teach these programs well, we must become thoroughly experienced with the teaching method as described before we innovate. One thing the intentional teacher does not do is "wing it"!

Work with a partner. Pair up with a colleague in your school who shares your interest and share your readings and experience. Give each other feedback on a real or modeled classroom session. The outcome is likely to be increased self-confidence in your ability to work directly to try to change your students' thoughts, feelings, and behaviors. Another benefit is that the greater the number of regular or special education teachers you engage in the project, the wider the network of intentional child-helpers there will be to catch your students when they stumble. Perhaps the ultimate payoff for learning these skills will be your ability to respond more intentionally to whoever you are with in your personal as well as professional life.

SUMMARY

Psychoeducational interventions use teaching technology to provide preventive activities, counseling or psychotherapeutic help to children and adolescents in school. Many excellent resources are available, but to suit our preference and the children's needs, we may have to modify them or develop our own sets of lessons. This can be achieved if we take careful notice of our students' functional levels and teach intentionally. The phrase *Intentional Psychological Instruction* is meant to convey: (a) the use of as many components of Direct Instruction as are required to teach cognitive and behavioral skills to mastery in the least amount of time; and (b) the use of as many techniques of intentional counseling as we can learn to communicate therapeutically with our students and help them progress toward long-term goals.

Here are some "shoulds" for us to bear in mind as we take on psychoeducational challenges in our classrooms. We should abide by the same ethical guidelines that counselors use (Ivey, 1980), chiefly these:

1. Respect children's rights and personal privacy — within the boundaries of a teacher's responsibility. Our students need to know that we cannot keep knowledge confidential that could lead to harm to themselves or others.
2. Recognize our limitations. Our arena is the classroom, our stage the small group meeting, our teaching is in psychoeducational skills training and empathic, problem-solving communication skills. Our concerns are the here-and-now thoughts, feelings, and behaviors of our children. It is not our business to make psychiatric diagnoses or attempt to root out psychosexual causes of our students' problems. Not only could such activities cause harm to the children, they would not be particularly useful to us. We have plenty to do in our own domains!
3. Avoid asking irrelevant details. In our profession, such details are most likely to be sought about a child's family life and history. Fascinating as some such horror stories may be, they are not our business to learn or to spread. Again, focusing on them is likelier to hurt than to help if we use them as excuses for writing off the child's potential to develop and change.
4. Treat our students as we would like to be treated — with respect, dignity, kindness, and honesty. Notice that this excludes harsh, demanding confrontation, a counseling style that is sometimes affected but may truly do harm.

If we follow these guidelines, we will meet our responsibility to, in Kauffman's words, "do no *further* disservice to the child" as we meet our greater responsibility to help the child thrive emotionally, cognitively, and socially as well as academically.

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Videotape Feedback as a Therapeutic Tool

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ABSTRACT

Many behaviorally disordered students acquire sophisticated defense mechanisms which allow them to provide excuses and alibis for inappropriate behavior. This article describes several ways educators can effectively use videotape feedback to modify the behavior of exceptional learners in their classroom. Attention is focused on the use of videotaping to help behaviorally disordered students become more aware of the consequences of their behavior and to help pupils develop constructive ways of dealing with altercations in their environment. Three techniques — behavioral rehearsal, self-control training, and reality replay — which are illustrative of the therapeutic value of video technology are described.

Would you like to show a student just how his/her behavior affects other students in the classroom? Would you like to help a student become more aware of how often certain behaviors are exhibited and the manner in which some of these behaviors are conducive to productive classroom learning while others interfere with ongoing class activities? Would you like to show a student firsthand how his/her behavior is perceived by others or would you simply like to document to a parent or consultant how some of the behaviors emitted by a particular student have a positive or negative effect on classroom climate and student productivity?

One way to accomplish any or all of the above stated goals is through the use of videotape feedback. The use of videotape as a feedback mechanism has grown rapidly since technology made the media widely available in the 1960s. The dynamic interplay of visual image and self-awareness presents a host of opportunities for ameliorating serious learning and psychological problems.

Video feedback has been extensively used in therapeutic settings principally as an aid in the training and supervision of psychiatrists and counselors (Weber, 1980). Videotaping has also been used in teacher training (Cole & Clair-Stokes, 1984; Hannafin, 1982; Rothstein, 1980). Teachers are given the opportunity to improve their skills by recording their class sessions and viewing the playback during a free period. In the classroom setting, videotaping was initially used as an instructional medium; that is, teachers utilized the equipment to help students plan, create, and produce their own shows on closed-circuit television. For example, some students have dramatized their favorite book while others have taped a program illustrating concepts of the metric system (Rosenthal & Tetel-Hanks, 1981).

Educators have long been concerned with modifying and/or strengthening student behaviors which conform to standards necessary for effective learning. A delineation of the more traditional means of facilitating appropriate behaviors would include letter grades, teacher conferences, principles of applied behavior analysis, and psychological staffings. Videotape feedback provides a method which enables the exceptional student to see himself as others see him and to observe firsthand specific ways in which some of these actions support or violate standards for social and academic behavior. The fact that behavior can be modified as a consequence of viewing one's own behavior is grounded in Bandura's (1969) pioneer work on observational learning in the 1960s. Operating within this theoretical framework, the student is directed to focus on what happens (consequence) when appropriate and/or inappropriate behaviors are emitted. The student is thus able to more clearly conceptualize the relaticnship between behaviors and their consequences. The knowledge of one's ability to effect contingency outcomes provides the student with a greater sense of self-awareness and self-control evolving into a more internal locus of control orientation (Lefcourt, 1982).

Videotape feedback appears to be advantageous when compared to other treatment

methods for several reasons. First, it provides an accurate and objective recording of classroom events. In comparing a teacher's notes regarding a class altercation with the actual video recordings of the event, Sanborn, Pyke, & Sanborn (1975) found that the teacher's observation contained considerable distortions and personal bias. Secondly, a videotape recording can be played as many times as needed or stopped for review of a particular sequence. This provides the student with systematic data regarding his/her behavior and thus, is extremely helpful when teaching a student self-recording techniques. In addition, many exceptional students often lose enthusiasm because they believe they are not making sufficient progress. Videotapes of past and present performances can constitute visual proof of a student's achievement.

Of course, there are potential difficulties in the effective use of video feedback as a therapeutic tool. First, many exceptional learners have a difficult time becoming desensitized to the video equipment, and consequently, emit nontypical behavior when the equipment is visible in the classroom. In addressing this problem, some teachers have developed techniques for camouflaging the video equipment so their students are unaware of its presence in the classroom (Raschke, Dedrick, & Takes, 1985). Secondly, it takes considerable money, planning, and organization to (a) secure the necessary equipment, (b) load the camera, and (c) catch classroom interactions on tape at optimal moments. Finally, using videotapes to provide feedback to the learner requires a well-planned lesson with specified learner outcomes. Simply providing a videotape of classroom interactions will, in and of itself, do little to change behavior. In order for effective utility to occur, the purpose(s) of videotaping must be well-defined in advance and its use(s) clearly specified. Of course, confidentiality regarding the recordings must be maintained.

In the last decade, there has been a considerable reduction in the price of video tape equipment. In addition, there has been an increase in the diversity of equipment available for purchase by school personnel. The following is a list of equipment capable of performing a wide range of activities including videotaping, playback, and viewing. Prices vary according to geographical location.

VIDEOTAPING EQUIPMENT AND COST

1. A 21-inch or larger color TV monitor that meets specifications for an in-classroom education receiver (about $500). This monitor provides three kinds of viewing: tapes you make and play back; tapes you or others have recorded elsewhere; and television programs broadcast over regular commercial and educational channels.
2. A rolling video cart ($100-$150). This cart holds the TV monitor and the videocassette player/recorder. It isn't essential but makes the equipment easily portable.
3. A color videocassette player/recorder (about $300-$1500). Hooked up to the camera, this machine records what you are taping and then plays it back for viewing through the TV monitor. Additionally, it can play cassette tapes recorded elsewhere and record and play back on-air TV programs. (The old reel-to-reel videotape recorders were mechanically complex, with many "dos and don'ts"; the videocassette era has altered this by providing an "encapsulated tape." You simply drop the cassette into the machine and push the record and play buttons.)
4. Video camera. Recent technical breakthroughs have resulted in easily operated yet ruggedly built video cameras. About $1500 buys a compact color camera, a tripod, microphone, cables, an electronic viewfinder, a zoom lens, and a carrying case.
5. In place of the player/recorder and camera, many schools are purchasing completely portable equipment. Carried and operated by one person, this battery-operated system consists of a hand-held video camera connected to a lightweight shoulder- or back-carried video tape recorder/player. It records picture and sound, plays back the tape on a monitor, and records on-air TV programs ($1200-$1800 and up for a color system).

This article describes several ways educators can effectively use videotape feedback to modify the behavior of exceptional learners in their classrooms. Attention is focused on the

use of videotaping to help behaviorally disordered students become more aware of the consequences of their behavior, and to help pupils develop constructive ways of dealing with altercations in their environment. Three techniques which are illustrative of the therapeutic value of video technology are described.

1. Behavioral Rehearsal

Role playing simulations enable students to enact a wide variety of situations involving interpersonal relationships (Rosenthal & Tetel-Hanks, 1981). A simulation is a model of some aspect of the real world, usually simplified to focus on a central theme or idea. Simulations may be designed to depict realistic confrontation situations in which students are required to interact with their peers. For example, a class might be divided into small groups and each group is assigned to role play a sequence of events that might occur in a classroom — a situation or scenario typically categorized as disruptive. Scenarios could depict situations such as name-calling, teasing, fighting, stealing, and so forth. Situations which are anxiety producing or conflict oriented are identified by students or teachers. The minidramas are enacted and taped. In the playback session the teacher, through the medium of a class discussion, helps the students better understand why certain behaviors are detrimental to other classroom members; in particular, how misbehaviors interfere with ongoing instruction and infringe on other students' needs for physical safety and psychological well-being.

The subsequent videotape debriefing session allows students to see firsthand the "impact" of their misbehaviors from the viewpoint of the teacher and other students in the classroom. In essence, this procedure has tremendous potential for increasing the ability of students to "see" the world from a perspective different from their own. As students enact the vignettes, they begin to behaviorally rehearse prosocial strategies, coping techniques, decision-making skills, and techniques designed to improve interactions with others. As a result of role-playing activities, many students can begin to identify alternative strategies for dealing with conflict situations and can subsequently develop a repertoire of more socially acceptable behaviors. In short, role playing practice can provide students with a new repertoire of skills which may be applied in moments of problem-solving breakdown.

2. Self-Control Training

The issue of self-control in classroom management is emerging as an important topic of educational research. A large body of research provides convincing evidence that behavioral self-control is highly effective in increasing students' appropriate academic and social behaviors (Barkley, Copeland, & Sivage, 1980; Burgio, Whitman, & Johnson, 1980; Rueda, Rutherford, & Howell, 1980). In essence, behavioral self-control has been shown to be effective in enhancing student achievement.

Videotape feedback is a technique which can be used to train students in self-control procedures. Recently, Booth and Fairbank (1983) provided evidence of the manner in which videotaping can be utilized to strengthen academically appropriate behaviors in a behaviorally disordered student. When the student watched the videotape, he recorded his own behavior and began to discuss alternatives to disruptive behaviors that he could implement in order to develop greater self-control. Some examples of the recorded remarks included "I really get my work done fast when I'm sitting down"; "I really should ignore him; he keeps me from finishing my work." Booth and Fairbank hypothesized that as a result of the training, the individual's perception of his ability to control his own behavior significantly increased. Perhaps this technique is effective because it gives the student immediate feedback regarding his/her behavior.

Basic self-control procedures can be used to improve three types of student behaviors of concern to educators. These include on-task behavior (Burgio, Whitman, & Johnson, 1980), disruptive behavior (Workman & Hector, 1978), and academic product behaviors (Piersel & Kratochwill, 1979). Basic components of behavioral self-control include self-assessment, self-monitoring, and self-reinforcement (Workman, 1982). Instructing students in these three areas using videotape feedback is described:

Self-Assessment. Using videotape feedback, students can be trained to systematically examine their own behavior and identify specific target areas they would like to increase and those they would like to decrease. Because many behaviorally disordered students have difficulty in evaluating the appropriateness of their own behavior, videotape feedback provides a medium whereby the teacher and student together can preview the tape and collectively pinpoint areas to be maintained and those needing change. Reinforcement is provided to the student contingent upon his ability to target key behaviors after previewing the videotape. In addition, students can be taught to rate their behavior according to an appropriate rating scale while previewing the videotape. Such a scale provides students with an objective standard upon which to evaluate their behavior. Reinforcement is provided contingent upon high agreement between student and teacher ratings.

Students can be taught to cue themselves verbally to perform tasks in a particular manner and then to provide themselves with verbal feedback about the adequacy of their performance (Raschke, 1981). Other research (Barkley, Copeland, & Sivage, 1980) has indicated that children with various types of school problems are not very skillful in self-cueing. Many exceptional students appear to lack the ability to guide their own behavior verbally and evaluate the adequacy of their performance. Using videotapes, students can be shown examples of other students overtly engaging in constructive self-talk. The videotapes can be designed to depict children asking themselves questions about tasks, correcting themselves when they have erred, and praising themselves for correct performance. For example, a student might be depicted in a grocery store situation requiring him/her to add two single digit numbers together. The student would say overtly to him/herself, "I must add 9 and 6. The smaller number is 6 so I hold up 6 fingers. The larger number is 9 so I count up from 9 for each finger I am holding up — thus, I get 15. I solved this problem all by myself. Good for me." Pupils who have observed the tapes can then be videotaped themselves while practicing constructive self-talk. Additional rehearsal has the potential to increase the probability that the newly acquired self-talk skills generalize to daily tasks.

Self-Monitoring. Self-monitoring refers to a procedure wherein students systematically monitor and record their performance of certain target behaviors, keeping a record of how often or to what extent they engage in a particular activity. Because the mere act of self-recording is cumbersome and significantly obstructs the spontaneous flow of classroom events, videotaping enables the student to take self-behavioral counts at a later date.

Research has shown that self-monitoring in itself can be used to increase academic achievement (Piersel & Kratochwill, 1979) and reduce disruptive behavior (Rueda, Rutherford, & Howell, 1980). It logically follows that previewing behavioral sequences of oneself on a videotape and then recording their frequencies or durations could have a similar effect. An added advantage in taking behavioral counts from a videotape is that the tape can be stopped and started as needed for ease in recording. The teacher and student(s) can compare notes and interobserver reliability scores can be obtained. The process of reviewing tapes and taking behavioral counts provides the student with clear and precise documentation regarding the frequency and magnitude with which certain behaviors are emitted.

Self-Reinforcement. Self-reinforcement involves teaching students to reinforce or reward themselves for appropriate classroom behaviors. The procedure of self-reinforcement, analogous to teacher-reinforcement, can increase the frequency of constructive social and academic behaviors (Rueda, Rutherford, & Howell, 1980).

Using videotape equipment, two types of self-reinforcement training may easily occur in the classroom. One type, overt self-reinforcement instruction, consists of teaching students to administer overt (observable and tangible) reinforcers to themselves after they engage in certain appropriate behaviors. Research has indicated that many exceptional students are not effective in systematically providing tangible reinforcers to themselves for successful completion of a task (Workman, 1982). Videotape feedback is one medium which can be utilized to train students to reinforce themselves for appropriate academic and social behaviors. For example, rewarding oneself with a gold star after a book is completed or playing a computer game after a math assignment is finished can easily be depicted on a

videotape. Additionally, videotapes can be used to document student self-reinforcement behavior before and after self-reinforcement training has occurred.

Covert positive reinforcement instruction involves teaching students to reward themselves for appropriate behavior; however, the rewards are not tangible or observable. In covert positive reinforcement, students are taught to imagine themselves engaging in appropriate behaviors and then imagine themselves receiving some highly valued reward (Workman, 1982). For many exceptional learners, generating visual images in one's mind is, in itself, a difficult task. Videotapes are an excellent medium for providing concrete visual examples of images which can easily be conjectured in the mind. The visual imagery provided by videotapes has the potential of helping exceptional students make constructive use of visual imagery in controlling their own behaviors.

3. Reality Replay

Many exceptional students are socially nearsighted; that is, they can't identify behavioral antecedents and consequences unless an exaggerated script is provided for them, and cause and effect relationships are explicitly underlined in glowing colors (Redl, 1959). Videotaping is one way to focus the student's attention on what behavioral interactions did occur rather than allow their well-fabricated, misinterpretations of life events to provide a convenient camouflage or defense. Many exceptional learners are seasoned experts in alibiing and rationalizing; that is, they are often oblivious to efforts by teachers or consultants to get them to accept responsibility for inappropriate behaviors. Previewing a videotape affords an opportunity for analyzing immediate authentic transaction with an emphasis on providing nonretaliatory suggestions for more age-appropriate behaviors. This learning experience can be critical for exceptional students who have great difficulty in generalizing new coping mechanisms from situational and concrete-specific experiences to wider interpersonal and intrafamilial relationships.

Reality replay is a nonjudgmental way of getting children to see how they appear to others. The videotape captures the authenticity of the moment and thus provides the opportunity for an on-the-spot reality message. After videotaping a particular classroom activity, the teacher or consultant can play back the video and direct the students to identify "people-pleasing behaviors" which elicit positive consequences and "people-disruptive behaviors" which elicit aversive consequences. In essence, the thrust is on helping students look at behavioral alternatives, identifying those which will be most conducive to their well-being in the long run (Glasser, 1965). It is critical, however, that the teacher or consultant emphasize the positive thrust of redirecting behavioral energies rather than dwelling solely on the presence of socially maladaptive behaviors. Efforts to get students to accept responsibility for their own actions can shift locus of control to a more internal orientation (Lefcourt, 1982). Consequently, pupils can begin to see how they do indeed have some control over their own behavior.

SUMMARY

Video feedback appears to offer tremendous potential for classroom settings where conventional verbal feedback has failed to be effective. In addition to its use as an instructional tool, videotaping has enormous potential as a therapeutic medium particularly in its ability to "teach" behaviorally disordered students to become more aware of the relationship between specific behaviors and ensuing consequences.

Video feedback can be particularly useful in helping the teacher to:

1. Immediately confront a student regarding inappropriate behavior;
2. Provide a script of more age-appropriate behavior for socially nearsighted children;
3. Refocus the child's misinterpretations and distortions of real life experiences;
4. Demonstrate the inadequacy of existing behaviors to solve problems; and
5. Apply new problem-solving skills to old problems.

In conclusion, it appears that videotape feedback may indeed be a viable approach for addressing the pedagogical challenge of helping behaviorally disordered youth and adolescents become more sensitive to the demands of their environment.

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Job Training/Career Awareness Partnership Program for Emotionally Disturbed Juvenile Delinquent Youth

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ABSTRACT

Assisting emotionally disturbed juvenile delinquent students in becoming productive citizens through job training is a difficult challenge. It can only be met through interagency cooperation and coordination involving private and public partnerships. This article outlines the components of an effective job training/career awareness partnership program for the emotionally disturbed juvenile delinquent students — the STRIVE Program in Sheboygan, Wisconsin. The program reflects the unique needs of the students and is based on input from businesses, industries, social services, the police department, Farmers Union, the Private Industry Council, and the school district. The program's success is further enhanced by a 4-tier recycling evaluative process involving consistent student feedback and a structured sequence of job training instruction emphasizing work ethics. The follow-up study reveals that students who have known failure all their lives experience success, pride, and self-satisfaction.

In a recent study by the Wisconsin Department of Public Instruction, 84% of the Wisconsin business employers responding to a questionnaire indicated that work experience is an important factor for the employment successes of high school graduates. Also, an informal assessment of many Wisconsin businesses revealed that a majority of employers believe they can train entry level employees to perform the necessary job skills if the employees are dependable, able to work with other employees, and possess some idea of what work is all about.

As public schools begin restructuring their job training and vocational education programs to better prepare students for entry level employment positions, they face many challenges especially with severely behaviorally disordered or emotionally disturbed students. Teaching these students job responsibilities and providing them with meaningful employment training experiences requires creativity, a structured approach, constant feedback and communication, and consistent monitoring of their progress.

The STRIVE Program in Sheboygan, Wisconsin, is attempting to meet these challenges for emotionally disturbed juvenile delinquent youth. After only one year, the job training phase of the STRIVE Program is succeeding through a 4-tier recycling evaluative process. Prior to outlining the components of this job training phase, a brief overview of STRIVE and a description of the students are necessary.

GENERAL STRIVE PROGRAM OVERVIEW

The Beginning

The STRIVE Program (Sheboygan Area Treatment for Reintegration Through Involvement in Vocation and Education) is a community based alternative to incarceration or institutionalization of emotionally disturbed juvenile delinquents through a cocrdinated home,

school, and community effort. STRIVE began operating in January 1980 after 3 years of of joint planning by the Sheboygan Area School District, Sheboygan County Social Services, Sheboygan County Unified Board, Sheboygan County Handicapped Children's Education Board, Youth Services Bureau, and the Sheboygan Police Department. In brief, the STRIVE Program is a self-contained complete program for emotionally disturbed juvenile delinquent adolescents housed in the school district's central office building. The staff consists of five teachers certified in the area of emotional disturbance, eight aides, four social workers, one job training specialist, one secretary, one social work supervisor, and a special education administrator.

Instruction

The students receive instruction in academics; career development; appropriate school, home, and community behavior; and peer interactions. No behavior is ignored (positive or negative). During each class period, lunch break, before and after school, and in the hallway, students are evaluated on their cooperation, attitude, appropriate behavior, social interactions and participation, and completed work. Students earn points toward reintegration into regular school programs and shopping trips. Daily attendance is mandatory, and students are transported on buses with the STRIVE staff. The ride is a counseling session on wheels. If a student runs away or refuses to come to school, the STRIVE staff and the police department locate the student and escort him/her to school. The student then remains at STRIVE until all work is completed and his/her attitude is appropriate, which can include overnight if necessary.

Community

The social workers meet with families on a regular basis and represent the students in juvenile court. An educational, community, and home improvement plan is formulated by teachers, social workers, parents, and law enforcement personnel. This plan is presented to the judge during juvenile hearings. The end result is a comprehensive interagency 24-hour program for emotionally disturbed delinquent students within their home community.

Results

After 6 years of operation, there is a significant reduction in the number of Sheboygan County adolescents in correctional institutions; a reduction of school dropouts; less money being spent on institutionalization and more being spent on local community efforts; an increase in interagency cooperation and understanding; and a more positive community attitude toward delinquent adolescents. The program is being expanded through the development of a job training program, drug and alcohol abuse instruction, outward bound/stress challenge education, GED instruction, physical development, and more intensive family therapy.

THE STRIVE JOB TRAINING PROGRAM

During the first 5 years of the STRIVE Program, several unsuccessful attempts were made to provide the students with job training and vocational experiences. Students talked back to their supervisors, fought with fellow workers, were late for work, failed to show up on a consistent basis, and stole from their employers. The students' emotional instability, social maladjustments, and criminal and "party" habits prevented them from developing adequate job and vocational skills. The students were in need of structured job training experiences and instruction emphasizing constant feedback, consequences for inappropriate behavior, rewards and advancement for good behavior, and opportunities to experience success. Also, the supervisors and employers needed more assistance from the STRIVE staff in understanding their new employees' emotional and behavior problems. In August 1984 the STRIVE administrator identified these needs and formed a committee which developed a successful job training program uniquely tailored to the needs of emotionally disturbed delinquent youth.

The Committee

The job training program committee consisted of a STRIVE teacher, a social worker, and the STRIVE administrator. Later, a job training and placement specialist was added from Farmers Union. The committee was small to help insure agreement and speedy results. Each committee member possessed 15 years of experience working with troubled youth and a varied background which included working outside of the public schools. In addition, the administrator had successfully organized job training and vocational programs in four other school districts.

The committee began by reviewing successful and unsuccessful job training and career education programs. A philosophy was established along with subsequent goals. Four progressive and sequential components were outlined and an implementation plan was formulated. In November 1984 funding for this plan was secured from the Private Industry Council and with assistance of Farmers Union. The program began operating in January 1985.

Philosophy and Goals

The philosophy was simple: People can change their behavior and attitudes, they are responsible for their actions, and just as failure promotes failure, success promotes success. The goals were also simple: Students will develop appropriate work habits and skills; develop an awareness of the many job and career opportunities available to them; have a successful job experience prior to graduation or completion of a GED; and become productive citizens through employment after leaving school. With the philosophy in mind, the goals established, and a broad understanding of emotionally disturbed delinquent adolescents, the committee developed the specific components of the job training program.

Four Components

The program consists of four progressive components, each based on strengths from other job training and vocational programs tailored to the unique needs of the STRIVE students. All students are evaluated throughout the four components and only progress from one to another after successful completion of a previous component. They are given constant, consistent, and scheduled feedback on their progress. If a student experiences considerable frustration or is unsuccessful, he/she is moved back to the previous stage to review areas of difficulty. The Farmers Union job training instructor and placement specialist is responsible for the specific operations of the program within each of the following components.

Individual Assessment/Career Awareness. The first component involves testing students relative to their general work ability, specific job interests, and ability to perform certain tasks. This information is used to help students become aware of what jobs are available to them, develop self-awareness and personal values, and identify the academic skills necessary for specific jobs.

Several test instruments are used to gather this information. A computer MESA program is used to identify job interests and aptitude, and a 5-day assessment at Lakeshore Technical Institute provides detailed information about each student's specific job potential. Checklists, interviews of teachers, social workers, parents and students, and observations also aid in assessing each student's work values and emotional work stability.

To assist students in becoming aware of their own job potential, test results are explained in detail to each student, along with a discussion about how he/she might reach his/her job potential. Local business personnel visit the classroom to answer questions and explain their jobs, and the job training instructor helps the students draw parallels between their potential and specific careers. After successfully completing an evaluation, the students move into the second component of the job training program.

Job Responsibilities. This component is extremely comprehensive and intense. Students begin developing the skills needed to communicate with fellow workers and supervisors, follow company rules and regulations, abide by community expectations, participate in company recreational activities, resolve conflicts in appropriate ways, remain safe and

healthy on the job, and practice good hygiene and nutrition. Instructional assistance in these areas includes teacher directed classroom activities, visits to the classroom by industry and business workers, students visiting workers on the job, interviewing employees in areas of interests, and a review of specific company rules provided by local industries and businesses.

Since emotionally disturbed delinquent youth possess difficulties in social and community responsibilities, much attention is given to this second component. Skill-streaming and role-playing techniques are integral parts of classroom instruction. Students are evaluated at various times with continuous feedback as to their progress. Each student receives individual attention and instruction in his/her weak areas along with the positive support necessary to formulate good work habits. Students establish their own goals and are formally tested on the completion of these goals. After successfully completing their goals, they are given the opportunity to practice their new skills by moving into the next component.

Job Station. The third component consists of placing students on a job in the school district, one hour per day, 2 or 3 days per week. Students are assigned to a work supervisor and expected to transfer what they learn in the second component to the job. The job training instructor meets with the student supervisors, spot checks students on the job, provides direction, and coordinates a weekly evaluation of each student's performance.

Good performance is rewarded by issuing high school credits and gift certificates for recreational activities, shopping trips, and meals at local restaurants. Poor performance results in no rewards, time after school, and additional classroom assignments in problem areas. If performance continues to be unsatisfactory, students are transferred to another job station or placed back into the second component. At any time students may be pulled back into the classroom for additional instruction or assistance.

As student performance increases, their job station is expanded to 5 days a week, 2 hours per day. Job station assignments are rotated, enabling students to experience a variety of jobs and supervisors. Again, a formal evaluation determines when students are ready to be placed in the community.

Community Job Placement. If students satisfactorily complete the first three components, they are placed on a job in the community. They earn at least minimum wage, and attempts are made to match student aptitude and interests with the job. Incentives are provided to employers through monetary support from JTPA (Job Training Partnership Act) funds and publicity. Also, the job training instructor visits the job site to help support the employer and the students. Students are evaluated each week by the employer, job training instructor, and themselves. All three of them sit down together and discuss the evaluation, providing praise for positive work habits and direction in areas of difficulty.

If a student does not perform adequately, he/she may be placed back into component two or three for further instruction. However, attempts are made to help the student resolve his/her problems on the job. This may mean written contracts between the employer, student, and job training instructor with a loss or gain in salary as part of the agreement. If a student commits a criminal act while on the job (stealing, vandalism, fighting, etc.), he/she will make restitution to the employer by turning over part or all of his/her paycheck. A charge may be filed in juvenile court, and the student may spend time after school in counseling sessions with social workers or teachers. Every attempt is made to help the student maintain the job and to provide support and understanding to the employer. A successful job experience as a student will foster successful job experiences as an adult.

Program Success

During the first year of the STRIVE job training program, 44 students were served in the various components. 12 of these students left the STRIVE Program (8 graduated, one received a GED, 3 withdrew from school) and entered the community job market. A follow-up study of the job training program revealed the following information on these 12 students:

Student Initials	Present Employment Situation
TT	Sheboygan Sausage Company
MD	Quick Lube Service Station
DK	Job Corps Training
AM	Custom Homes Industries
NG	J & L French Company
DN	Attending Lakeshore Technical Institute
JH	Attending Lakeshore Technical Institute
JG	Kriers Canning Company
KH	Sheboygan City Crew
KW	ManPower/Part-time
DO	Heritage Nursing Home Nurses Training
CP	Unemployed soon to be court ordered back into school

Of these former students 11 are employed or involved in postsecondary education. The one student who is not employed will be court ordered back into school. It is interesting to note that the 11 successful former students are over 18, while the unsuccessful girl is only 16. Maturation, as well as proper instruction, is an important factor for successful employment.

A telephone survey of the work supervisors or technical school instructors reveals that they are generally pleased with their workers. The supervisors of only 2 students indicate that they arrive at work late and have trouble getting along with fellow employees. The other 9 are doing very well with good work habits and attitudes; 3 of them are being promoted to a higher job level.

The criminal activity of the 11 successful workers is also under control. Only one person has a serious charge (vandalism and disorderly conduct) while 2 others have minor charges (possession of marijuana and possession of intoxicants in a vehicle). As a result, the Sheboygan Police Department is supportive of the program and pleased with its effects.

The job training students in the first group are developing into productive citizens. We will continue to follow their work careers and criminal activities along with asking them to complete a survey about their experiences in the STRIVE Program. This information will assist us in continually improving and updating the program.

Presently, there are 30 students in the job training program; 7 are in the first component, 11 in the second, 3 in the third, 7 in the fourth component, and 2 students are working independently. The students in the second component are excited and are looking forward to placement on a job site. However, the 7 students in the first component still have poor attitudes and unrealistic work perceptions. The 10 students working on job stations and in the community are all experiencing much success. Their employers are making statements such as: "This is the best worker I have had." "I'll take 10 more like her." "He has trouble following directions, but once he understands what is expected, he does as good as any other worker." "The 3 of them make a good team. They go over quota almost every night." The employers seem to appreciate the assistance they receive from the STRIVE job training instructor and are very supportive of the program. A strong partnership is developing between the school, department of social service, the police department, private businesses, industries, and the Private Industry Council.

CONCLUSION

Assisting emotionally disturbed juvenile delinquent youth in becoming productive citizens is a tremendous challenge. It is a challenge which cannot be accomplished by any one agency. Interagency efforts are essential, especially in job training.

Unfortunately, too many job training programs are developed by only one agency which believes it knows what students need and what the business community expects from their workers. The agency usually prepares students for jobs that do not exist or are overstaffed; educates students without knowing what their capabilities are and how to match these with

specific job demands; and counsels students into vocations they do not want. Partnerships between schools, private industry, local businesses, social services, and other agencies provide broader perspectives and prevent previous job training mistakes.

The STRIVE Job Training Program is a good example of this "partnership" approach. The program reflects the unique needs of emotionally disturbed delinquent students based on input from the business community, social services, the police department, and educational specialists. This input, along with consistent feedback to students and employers, continuous evaluation of the students and the program, and a structured sequence of job training emphasizing work ethics, helps make the program effective. Students who have known failure all of their lives experience success, pride, and self-satisfaction. People can change their behavior, and one successful experience can promote more success.

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Extending Emotional Responses Through Poetry Experiences

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ABSTRACT

Providing poetry experiences for children with emotional and behavioral problems can encourage a more flexible and creative view of life experiences. The authors discuss many ways in which students can extend their emotional responses through poetry.

> Emotion is nonrational, nonlinear, and so far has been pretty elusive to being pinned down by precise prose. One might point out that poets, artists, and musicians are better able to grasp and define emotional thought through their media than we are in words. Unfortunately, such private communications do not lend themselves to legislative or educational translations or to the language and mathematics that provide understandable guidelines to the nature and needs of the emotionally disturbed. (Bower, 1982, p. 56)

Despite the difficulty in defining and classifying students with emotional disturbance, one commonly referenced characteristic is their inability to handle feelings and emotions. Whittaker (1975) describes this characteristic as poorly developed modulation of emotion, including the inability to deal appropriately with one's own and others' feelings, difficulty in expressing and/or understanding emotions, or emotional lability. Similarly, Newcomer (1980) describes emotional disturbance as a state marked by aberrations in an individual's feelings about himself or herself and the environment.

Children with emotional problems are often entangled in a web of negativism and inflexibility and are therefore not free to explore and realize a full range of emotions. Given this common disability regarding the expression and understanding of feelings and emotions, many educational programs for emotionally disturbed children have centered around curriculum emphasizing the continuous interaction of cognitive and affective processes (Long, Morse, & Newman, 1976). Among the basic considerations for this type of curricular approach are the following:

1. Structuring activities in which cognitive experience and emotional experience affect each other simultaneously (Hewett & Taylor, 1980).
2. Creating environments that arouse the pupil's emotional involvement and encourage discussion of feelings (Cheney & Morse, 1976).
3. Surrounding the child with new opportunities which will call up such positive motives as adventure, achievement, exploration, and discovery (Rhodes, 1963).

Many programs and interventions for students with emotional disturbance have been developed in accordance with these curricular considerations. Newcomer (1980) advocates the inclusion of group therapy, milieu therapy, play therapy, drama therapy, and art and music therapy in the educational program for emotionally disturbed children. The use of creative writing (d'Alelio, 1976) and story-telling (Newcomer, 1980) have similarly been used to facilitate the recognition and exploration of feelings and emotions in emotionally disturbed children.

A relatively unexplored area of curriculum for students with emotional problems is poetry. Poetry presents a natural invitation for children to explore feelings and emotions. The brevity of most poems offers restricted bounds for expression, yet provides students with opportunities to experiment with a broader range of emotional response and to view the world in a more imaginative way.

Many contemporary poets have chosen to write about experiences and events, both positive and negative, which reflect a more open view of children's needs. Their poetry can assist children in understanding important experiences in their lives, such as visiting the dentist as in David McCord's "Tooth Trouble" from *The Star in the Pail*, or in mourning a pet as in Freya Littledale's "When My Dog Died" from Joanna Cole's compilation *A New Treasury of Children's Poetry*. Arnold Lobel's limerick from *The Book of Pigericks* describes avoiding a bully:

> There was a tough pig from Pine Bluff
> Who was muscular, rowdy and rough.
> At school, after classes,
> The thin boys with glasses
> Steered clear of that pig from Pine Bluff.

On the positive side, Karla Kuskin expresses the joy of a special moment in time in her poem "Spring Again" in *Dogs and Dragons, Trees and Dreams*. Everyone who has experienced a frigid winter recognizes the sense of relief each year at being freed from its grip.

> Spring again
> Spring again
> Spring again
> Isn't it?
> Buds on the branches
> A breeze in the branches
> And me without mittens
> My sweater unbuttoned
> A spring full of things
> All before me to do.

Contemporary poetry presents a wide range of responses to childhood experiences. Loving, teasing, surprising; creating magic, adventure, and hilarity; being angry, grieving, protesting, and bragging are among the many responses that can be found. Eloise Greenfield's poem "Honey, I Love" (from the book with the same title) responds to positives in a young girl's life. Myra Cohn Livingston's "Revenge" in *4-Way Stop* is a vehicle for expressing anger over losing an anticipated treat. A poem can offer contrasting responses to a specific experience as Zilpha Keatley Snyder's "Whispers" in *Today is Saturday*.

> Debbie whispers secrets — "He says he likes you, too."
> Mary whispers caution — "The teacher's watching you."
> Karen whispers meanness — "I think you stole my dime."
> But when Belinda whispers — it's MAGIC every time.
>
> Belinda whipsers, "Listen! I think that very soon,
> A Chantor Stone is falling — perhaps this afternoon.
> I heard a dodo singing all during science hour,
> And that's a certain warning of the Purple Chantor's power."
>
> Belinda whispers, "Listen! Near the underpass,
> I saw a vortle hiding in the swampy grass.
> It had a ragged ribbon hanging from its jaws.
> And I'm pretty certain there was blood around its claws."
>
> Belinda whispers, "Listen! Walking home today,
> Write down all the groups of three you see along the way.
> Then cross out R's and S's, and divide it all by Z.
> And maybe we'll discover where the lily crowns will be."

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Debbie whispers secrets — "Melissa's mad at Ray."
Mary whispers caution — "What will your mother say?"
Karen whispers meanness — "I'm sure you stole my dime."
But when Belinda whispers — it's MAGIC every time.

In responding to an experience, one poem may praise while another may protest. The following two poems offer contrasting emotional responses to humans' exploration of the moon. Lilian Moore praises the experience and expresses a sense of wonderment in her poem "The First" in *Think of Shadows*.

Moon,
remember
how men left their
planet
in streams of flame,
rode weightless
in the skies
till you pulled
them down,
and then
in the blinding sunlight
how the first shadow
of an
Earthling
lay
on your
bleak dust?

In contrast, Myra Cohn Livingston, in "Only a Little Litter" from *The Malibu and Other Poems*, taunts the moon with tongue in cheek, protesting the residue of human exploration.

Hey moonface,
man-in-the-moonface,

do you like the way
we left your place?

can you stand the view
of footprints on you?

is it fun to stare
at the flags up there?

did you notice ours
with the stripes and stars?

does it warm you to know
we love you so?

moonface,
man-in-the-moonface,

thanks a heap for the rocks.

Poetry is a response to the emotion in an experience. With its fresh, sharp perspective, it

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Zilpha Keatley Snyder. "Whispers" from *Today is Saturday*. Copyright © 1969 Zilpha Keatley Snyder. Reprinted with the permission of Atheneum Publishers, Inc.

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makes something special out of the ordinary. Focusing on the commonplace can be supportive and can foster a positive perspective. The frustrations of a mealtime experience may be lightened by humor after reading X. J. Kennedy's "Exploding Gravy" in *One Winter Night in August*.

Poetry reflects the rhythms found in all of life's experiences. Rhythms in everyday childhood experiences are explored, such as practicing on a trumpet in Karla Kuskin's "Lewis Has a Trumpet" (*Dogs and Dragons, Trees and Dreams*) and jumping rope in Eloise Greenfield's "Rope, Rhyme" (*Honey, I Love*).

Poetry's intensity is heightened not only by emotional responses and sounds of language but by sensory experiences and associations of one experience or concept with another. In Karla Kuskin's poem "Days That the Wind Takes Over" in *Dogs and Dragons, Trees and Dreams*, the reaction to the strong wind is intensified by listening to the sweeping rhythm created by the repetition of the word "blowing" as well as by the many sensory experiences and the association of the wind's sound with the "sea sound caught in a shell."

> Days that the wind takes over
> Blowing through the gardens
> Blowing birds out of the street trees
> Blowing cats around corners
> Blowing my hair out
> Blowing my heart apart
> Blowing high in my head
> Like the sea sound caught in a shell.
> One child put her thin arms around the wind
> And they went off together.
> Later the wind came back
> Alone.

By encouraging children to explore a broad, even contrasting range of emotions, poetry assists students in assessing their own emotional responses. This awareness is particularly important to students with emotional problems, since they are often unable to explore and realize a full range of emotions. Specifically, poetry may assist the emotionally disturbed child in doing the following:

Creating mental images. As poems are read, children can respond to experiences by focusing on the imagery and figurative language presented in them. They can use their imaginations to create a "balloon is a wild space animal" or a "flashlight is a hound with one yellow eye" from Judith Thurman's *Flashlight*. Creating this type of mental imagery is particularly important for emotionally disturbed children, who are often limited in imagination and creativity.

Responding to different perspectives. The poems in the volume *Inside Turtle's Shell* by Joanne Ryder are written from the viewpoint of a creature confined in a shell on the ground among the grasses. A closer emotional relationship with an experience can sometimes be developed through a first- or second-person perspective. Myra Cohn Livingston in *Sky Songs* offers both praise and protest of the elements in the sky through a series of cinquains in second person. This ability to view situations from the perspective of another is a widely accepted deficit for children with emotional/behavioral problems (Kennedy, 1982) and should therefore be a critical component in their education programs.

Reciting. Because of the strong sound qualities in most poetry — rhythm, rhyme, and repetition — children can quickly learn to recite from memory poems with a wide range of emotional responses. Poems such as David McCord's "The Pickety Fence" (*Every Time I Climb a Tree*) and Eloise Greenfield's "Way Down in the Music" (*Honey, I Love*) can be easily committed to memory. Different emotional responses can be explored through line-by-line repetition of a leader's reading. Many of the poems in Eve Merriam's volume *Blackberry Ink* — for example, "Crick Crack", "Latch Catch", and "Is it robin o'clock?" — are delightful to recite line by line.

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Exploring rhythmic activity. Many poems have strong rhythmic patterns that can be enacted in movement experiences. Children can explore bodily rhythms, such as skipping, jumping, and marching, and also rhythms in other aspects of life. Recreating the movement of a washing machine, presented in Eve Merriam's "Swish, Swash" from *Blackberry Ink*, offers much pleasure.

Swish, swash,
Washing machine.
Swish, swash,
Make it clean.

Swish, swash,
Bubble and spin.
Swish, swash,
Pack it all in.

Mishmash,
Jeans and sheets,
T-shirts and towels,
And a terry-cloth fox.

Swish, swash,
Washing machine.
Swish, swash,
Clean all clean.

Enacting a story. Narrative pantomime centering on the story's action can be dramatized through bodily movements, thus helping children to experience the emotions in story poems. Examples of poems which are well suited to this purpose are Karla Kuskin's "Sitting in the Sand" in *Dogs and Dragons, Trees and Dreams* and John Ciardi's "The Fine Fat Fireman" in *Fast and Slow*.

Composing one's own poetry. Through poetry composition, children can create meaning out of their experiences. Frequently, intense experiences can be used to facilitate responses through poetry. Such responses can address the emotion and capture the rhythm in an experience without adhering to strict patterns of meter and rhyme. Or children can add their own lines and verses to poems, particularly poems that list responses, such as "Rules" (Karla Kuskin in *Dogs and Dragons, Trees and Dreams*), "Secret Hands" (Eve Merriam in *A Word or Two With You*), and "Honey, I Love" (Eloise Greenfield in the book of the same title).

Providing poetry experiences for students with emotional problems may encourage a more flexible and creative view of life experiences. Such experiences may also enable children to explore and realize a full range of emotions. Teachers can greatly extend the exploration of different emotions by collecting poems to present in anticipated and unanticipated moments. Ongoing collections can contain poems responding to the various emotions associated with growing up and other experiences that greatly affect children, such as weather, seasons, and holidays. Sharing these poems aloud and allowing children to respond through expressive activities can provide a wide range of emotional experiences for disturbed children.

A list of contemporary poetry that can provide opportunities to explore and extend emotional responses is given in the following bibliography.

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A Transitional Education Model for Reintegrating Behaviorally Disordered Students from Residential Treatment Centers to Public School Programs

Howard S. Muscott and Rose Bond

ABSTRACT

Historically the reintegration of behaviorally disordered students from residential treatment centers to public school programs has been a difficult task. This article reviews selected literature regarding the problems and issues related to the reintegration process and describes a model for facilitating the transition of behaviorally disordered students from segregated treatment facilities to local public schools. The Transitional Education Model serves as a vehicle for systematically preparing students for less restrictive environments. All the components of the model are outlined including the Transitional Classroom which is located in the public school building and provides the linkage between the treatment facility and the local school district.

Estimates of children with behavioral disorders (BD) in need of treatment vary between 450,000 (Lewis, 1980) and 1,026,340 (Grosenick & Huntze, 1979). During the 1982-1983 school year approximately 300 residential treatment centers (RTC) in the United States provided services to approximately 18,000 children (Saddi, 1983). Despite the mandate for education in the least restrictive environment inherent in the Education for All Handicapped Children Act (Public Law 94-142, 1975), data presented by Dore, Young, and Pappenfort (1984) indicate the number of children served in RTC has remained constant between 1965 and 1981.

The purpose of this article is to provide a rationale for, and overview of, the Transitional Education Model (TEM) as well as a description of the least restrictive placement option within the residential continuum — namely, the Transitional Public School Classroom (TC). This report will include the following: (a) rationale for the Transitional Education Model; (b) problems and issues related to reintegration; (c) the nature of the population served; (d) the Transitional Education Model; and (e) implications for future directions.

RATIONALE

Children have historically been placed in RTC for exhibiting severe behavioral problems at home within the context of families that either are unwilling or unable to handle these problems (Samuels, 1981). In addition, the majority of these children have had behavioral difficulties in school severe enough to prohibit their continued attendance. Prior to PL 94-142, placement in RTC was almost exclusively self-contained and included totally segregated school settings. Discharge back to families, foster, or group care and subsequently public school programs was typically determined by the clincal team and based on treatment rather than educational outcomes.

According to the Cascade of Services Model suggested by Reynolds (1962) and Deno (1970), restrictiveness of special education services is defined in terms of the regular classroom program. Based upon the assumption that students served in RTC present more serious behavioral problems and require more comprehensive services than can be provided in public school settings (Peterson, Zabel, Smith, & White, 1983), residential treatment

has become one of the most restrictive placements for children with behavioral disorders (Long, Morse, & Newman, 1980).

The decade of the 70s was marked by the search for and adoption of alternatives to the "two-box" categorization of services for exceptional children (Reynolds & Birch, 1982). Serious questions regarding instructional compartmentalization, cost effectiveness, and the social/psychological impact of segregated programing have moved educators toward the development of more flexible and inclusive service delivery models. The opportunity to be educated in the least restrictive environment has become a mandate for all exceptional youngsters, including those in RTC.

Although a small minority of students with behavioral disorders may require residential placement for a large portion of their schoolage years, for the majority of these students special settings and special class placements should be regarded as temporary interventions (Rezmierski, 1984; White, 1980). Intervention is seen by these educators as a continuous process that may include placement in the special services arena, but also as one designed to prepare the student for eventual transition and reintegration into the regular school system arena and community mainstream.

For the purposes of this paper, the definition of transition will be linked to the Cascade Model and the concept that treatment is a continuous process in which special education is neither the beginning nor end of the educational continuum, "but rather only one part of the entire growth process for emotionally disturbed students" (Rezmierski, 1984, p. 1). Transition in this context refers to a planned series of logical steps designed both to develop skills in students and service providers and to coordinate services linking people together.

PROBLEMS AND ISSUES RELATED TO REINTEGRATION

A review of the special education literature reveals a number of problems and issues which remain relevant to the reintegration process; five major considerations will be outlined below.

Defining Treatment Goals

In a manuscript entitled "Reintegration of Seriously Emotionally Disturbed Children and Youth" Rezmierski (1984) identifies two concepts that "are at the heart of the problem we experience in reintegration of this population of students" (p. 1). Rezmierski believes that in order to provide treatment within a clinical setting, special educators must see the treatment process as continuous and must be clear as to the outcomes of treatment. The special education staff must decide whether to approach the treatment of the student in terms of the rehabilitation or remediation of skills or the restoration of emotional growth and normal developmental processes. Each approach provides a different framework for transition and reintegration.

> If we embrace the rehabilitation/remediation appproach, then we must rightfully define the proximity to the normal range of functioning in academic, affective, behavioral, and social arenas that we will meet before a student is ready for reintegration. If we adopt the restoration orientation, it requires first that we more reliably assess the developmental needs of the student, are rigorous in determining if openness to growth has been restored, and then carefully assess the developmental supports within alternative environments. (p. 7-8)

Transfer of Training

Rose, Lesson, and Gottleib (1982) reviewed the literature and found that transfer of training — the generalization of responses from the setting in which training occurred to a different setting or situation in which no different training has taken place — is of critical relevance to the reintegration process, yet is frequently overlooked by those working with the handicapped. In relation to students with behavioral disorders, other researchers have concluded that behavioral interventions are usually specific and not likely to be maintained over time (Walker, 1978; Walker & Buckley, 1972).

Lastly, and equally important, various authors have concluded that the handicapped have difficulty making adjustments to new environments and situations in general. This concept has been associated with behaviorally disordered adolescents (Cahill, 1984), the severely handicapped (King & Burton, 1983), and the young handicapped child (Hutinger, 1982).

Attitudes and Lack of Training of Receiving Teachers

Much attention has focused on the critical role that regular classroom teachers' attitudes are likely to play in the integration of handicapped students into regular classrooms (Baker & Gottlieb, 1980; Martin, 1974; National Advisory Committee on the Handicapped, 1976). Some researchers have concluded that in relation to other handicapping conditions, regular educators are least supportive of integrating the mentally retarded (Leyser & Abrams, 1982; Moore & Fine, 1978) and the emotionally disturbed (Vacc & Kirst, 1977; Williams & Algozzine, 1979).

In a recent study regarding children who exhibit withdrawn behaviors, Muscott (1985) revealed that knowledge of transitional placement prior to discharge from RTC affected regular teachers' expectations. Teachers had higher expectations for regular classroom success of hypothetical third grade students from RTC who reintegrated through transitional classrooms, than students who lacked the transitional experience.

The lack of training or technical ability in dealing with handicapped populations has also been cited as an impediment to successful reintegration into regular school programs (Ivorie, Hague, & Brulle, 1984; Johnson & Cartwright, 1979).

Interfacing and Coordination of Service Delivery Systems

The lack of coordination between multiple service delivery systems has been cited as a critical impediment to the transition of (a) aging-out special education students to post-high school environments (Elias, 1985; Guard, 1985; Lloyd, 1985); (b) preschool handicapped children to kindergarten programs (Fowler, 1982; Hutinger, 1982); (c) severely handicapped individuals from one living environment to another (King and Burton, 1983; Schalock, 1983); and (d) behaviorally disordered children and youth from special programs to less restrictive environments (Knitzer, 1982; Peterson, Zabel, Smith, & White, 1980; White, 1980).

Impediments to reintegration addressed by these professionals include lack of ownership by the sending service provider for the transition process, unnecessary overlap of services, lack of planned transition activities, lack of appropriate communication and identified transition procedures, and lack of follow-up after the transition was completed.

Social Skills Training

Despite almost unanimous agreement that schools are a major socializing institution, formal social skills training has traditionally received little emphasis in the school curriculum (Cartledge & Milburn, 1978; Morse, 1982).

However, an increased interest in social skills training has permeated the field of education during the past 15 years. A number of educators (Gresham, 1981; McGinnis & Goldstein, 1984; Walker et al., 1982) have postulated that the enactment of PL 94-142 has contributed to the growth of interest in social skills training.

While the increase in problematic behavior within the regular school population (McGinnis & Goldstein, 1984) and the empirical evidence that childhood social behavior is predictive of later school achievement (Cartledge & Milburn, 1978) and poor adult mental health (Kagen & Moss, 1962; Trower, Bryant, & Argyle, 1978) could serve as justification for teaching social skills to all children, the need for training appropriate social/behavioral repertoires to students with behavioral disorders is even more critical (Gresham, 1981; Walker et al., 1982).

Meeting regular teachers' minimum behavioral standards for classroom rules and the ability to relate effectively to new peer groups have been seen by Walker et al. (1982) as the two major challenges handicapped students must overcome in order to experience success in the mainstream. In reviewing the literature, these researchers concluded that handi-

capped children in the mainstream have experienced considerable difficulty in making these two critical social/behavioral adjustments. Furthermore, without proper social skills instruction, "significant numbers of handicapped children will fall *far* short of their teachers' behavioral standards on this dimension, and their development and social adjustment will be concomitantly impaired" (p. 24).

Handicapped children also appear to be facing formidable obstacles in terms of their ability to interact effectively with nonhandicapped peers in the mainstream. Empirical evidence appears to contradict one underlying assumption of PL 94-142, that exposure to nonhandicapped peers in the mainstream should result in increased interaction through which increased social competence and acceptance should develop (Gresham, 1981; Walker et al., 1982). Studies have consistently shown that nonhandicapped students interact very little with handicapped students (Bruininks, 1978; Bryan, 1974; Morgan, 1977) and students with behavioral disorders are poorly accepted by peers (Cowen, Pederson, Babigian, Izzo, & Trost, 1973; Morgan, 1977; Quay, Morse, & Cutler, 1966).

Hersh and Walker (1982) have outlined five tasks that must be accomplished in order for the mainstreaming process to be effective. These steps include: (a) the social/behavioral standards and expectations of regular educators must be systematically analyzed prior to mainstreaming efforts; (b) procedures must be developed to provide for one-to-one correspondence between the social/behavioral concerns of receiving regular educators and the social/behavioral repertoires of mainstreamed handicapped students; (c) the handicapped student must be trained in a social/behavioral repertoire that is consistent with the social/behavioral demands of the receiving environment; (d) frequent follow-up and monitoring within the mainstreamed setting must occur; and (e) procedures must be implemented to train the regular teacher to manage the student's behavior with only minimal support after an initial adjustment period.

THE TRANSITIONAL EDUCATION MODEL (TEM)

Overview

The TEM has developed as a result of a growing awareness that residential schools for behaviorally disordered youth cannot operate in isolation. No longer can these schools be responsible for only academic instruction within the residential setting; they must also prepare students to enter more normal environments. Currently residential schools not only need a core program that supports the philosophy of movement toward the least restrictive environment, but they must also provide effective programing and supportive personnel for behaviorally disordered youth who are in transition to and from public schools. The task facing educational specialists in limited environments is three-fold: to provide readiness, academic, social, and behavioral instruction within the treatment setting; to prepare students for reintegration into community schools; and to facilitate effective transitions between educational placements whenever possible.

The overall goal of residential education for students with behavioral disorders is to provide a process for the development, maintenance, and transfer of attitudes, skills, and behaviors that will facilitate successful reintegration to community based public schools. In order to achieve this goal, an expanded continuum of services must be incorporated into the structure of the service delivery system both at the RTC and within the public school (Bond, 1980). In response to this need, the TEM has been developed and implemented at two different RTC in Portland, Oregon. The program is administered by the Office of Contract Programs, Portland Public School District No. 1, Nancy Miller, Supervisor.

The TEM is an attempt to provide a full range of educational opportunities for students in RTC within a continuum of services framework both at the RTC and in the public schools. The TEM provides a practical system for accommodating the acquisition of individual and group skills while providing the developmentally structured environments necessary to teach, reinforce, and most importantly transfer learning to more normalized environments. Initially, skills and behaviors needed to succeed in regular classrooms are identified. Student progress is then assessed, described, charted, and evaluated in terms directly

relevant to current behavioral and instructional level rather than abstract categories such as "disturbed" or "delinquent".

Effective intervention must include all the participants if treatment is to succeed. Specific goal-oriented treatment plans, innovative and objective programing, and the inclusion of agency and public school personnel as well as families/guardians effect real changes in the length, quality, and results of a student's stay in treatment. The whole team must work cooperatively in order to facilitate the transfer of training of attitudes, skills, and behaviors from the residential program to local public schools.

Clearly, the overall purpose of the TEM is appropriate and well-founded reintergration. However, unless residential education can step beyond the confines of the RTC facility, the best we can hope to accomplish is to lay groundwork. The final task, the giant step for our students, is the move from safe, consistent, and familar RTC classrooms, to big, busy, often unfamiliar, and potentially threatening public school classrooms. This process is confounded by the fact that it often occurs at the same time the student is asked to make the transition from the RTC living environment to his/her family or community based living arrangement.

The Nature of Students Served

Parry Center for Children. The Parry Center for Children provides inpatient residential treatment to children ages 6-14 with the most serious and severe types of emotional and behavioral disorders including schizophrenia, autism, and borderline syndrome. A majority of the children accepted for treatment have multiple problems — neurological, nutritional, medical, psychological, educational — contributing to but also often masked by symptoms of emotional disturbance.

Waverly School. The Waverly School serves a population of boys aged 7-14 who have been placed in residential treatment by the state's Children's Services Division. All the boys are wards of the court and have a history of chronic problem behaviors that may range from violent acting out to severe withdrawal. Most come from dysfunctional families and are deemed to be out of control in the home, the community, and the school. A majority of the Waverly students meet the criteria for "seriously emotionally disturbed" under the state guidelines. The population falls within the normal range of intelligence and is not characterized by psychotic thought disorders. In many regions of the country these youngsters would be identified as behaviorally disordered and would be good candidates for a behavioral or cognitive approach to therapy.

Undelying Assumptions of the Model

At its core the TEM values the following principles:

1. *All students can learn.* Even the most behaviorally disordered youth has components of his/her behavior that are healthy and developmentally appropriate. Whether those developmental behaviors are adaptive or maladaptive is determined by the degree, frequency, and timing of their appearance.

2. *Education is wholistic in nature and not limited to academic instruction alone.* Social skills training, affective education, motor development, and speech/language training are integral parts of the curriculum.

3. *Behavior is primarily developmental in nature.* Successful teaching demands the identification of student skill levels, the acceptance of their level of functioning regardless of the delays or deviances exhibited, and the thoughtful planning and providing of experiences and materials that encourage growth to the next appropriate level.

4. *The primary job of the teacher is to be a raiser of self-concepts; the initial function of the RTC classrooms is to provide a safe, secure, and successful environment for learning.* In order to learn to deal positively with the world and abandon deviant behaviors, our students must first develop a positive self-concept. Trust, safety, security, consistency, and planned success are necessary foundations for the development of a positive self-concept.

5. *Often lacking self-motivation, behaviorally disordered students in RTC need clearly delineated goals, structure, incentives, and reinforcement for growth.* Motivational mate-

rials, activities, and positive reinforcement systems including increased responsibilities for increased positive behavior and skill development are utilized within the classrooms.

6. *Coordination of services between professionals and parents/surrogates is integral to successful intervention.* Coordination, cooperation, and follow-through not only within the education department, but with the residential and social work staff as well as with parents/guardians is crucial in order to enable the student to change behaviors and acquire new skills.

7. *Transitions are difficult for behaviorally disordered students and therefore must be planned.* The development and implementation of goals, teaching strategies, and evaluation procedures are necessary to facilitate successful transitions both within each classroom and between programs.

The Components of the Model

The TEM is based in large part on the Madison School Model (Braaten, 1980) adapted to residential treatment by Bond (1980). Underlying the model is the assumption that a scale common to all students, regardless of handicapping condition, can be developed. The scale is based on the student's readiness for regular school functioning. Four sets of behaviors that students need to exhibit as a measure of success in each setting have been identified and organized. Each classroom can have one or more than one stage operating at a given time, depending on the size of the school program and needs of the students. Movement from stage to stage, or room to room as the case may be, occurs as skills develop.

1. *Pre-Academic:* Students learn to attend to task, take turns, and follow instructions and class rules through individualized lessons in readiness and academic curricula areas. Though the emphasis at this initial stage is not on readiness and academics per se, it is through academic tasks that students learn the basic classroom procedures. The classroom itself is highly structured and self-contained. A behavior analytic approach is used to teach the target behaviors in a systematic fashion. As students develop mastery in the pre-academic attending skills, small group work is introduced.

Parental/surrogate involvement in the school program begins at intake with an introduction to special education. Parents/surrogates also participate in an orientation workshop on PL 94-142, students' 30-day assessment and development of the IEP. It is during the initial assessment period and IEP process that tentative decisions are made as to the long-term goals of treatment. A treatment as remediation/rehabilitation of skills and/or as restoration of emotional growth and normal developmental processes approach is delineated.

2. *Socio-Academic:* Students learn to work cooperatively and participate in group activities. At this stage, the emphasis shifts from pre-academic routines to the social skills needed in classroom environments. Cooperative interactions with peers and verbal participation in group format become the focus of the classroom. Curricula materials and programs designed for small groups are used to provide the intense remedial instruction needed in deficient skill areas. For both formal teaching lessons and individualized seatwork, 4 to 6 students may sit at a table or cluster of desks.

The reinforcement schedule varies as emphasis shifts away from primary and immediate reinforcement to more social reinforcers and variable schedules. Student privileges increase and point systems replace token economies. Social skills training is taught using one or more commercial programs such as the Social Behavioral Skills Curriculum (Walker & Rankin, 1980), or Skillstreaming the Elementary School Child (McGinnis & Goldstein, 1984). Affective education is fostered through processes like life-space interviewing (Redl & Wineman, 1957), therapeutic writing (Rosen, 1982), and/or team formulated goals that are creatively implemented by the teaching staff. Parents continue their involvement by participating in agency family services which may include parent training, therapy, and/or support groups.

3. *Readiness:* At this level the student enters a simulated regular classroom environment at the RTC. While class numbers are low (6-10), large group presentation style with teacher-led discussions and presentations differentiate this stage. Subjects such as social studies and language arts fill out the curriculum. Traditional letter grades are reintroduced.

Children are provided the opportunity to practice new methods for dealing with difficult material and occasional failure. Lessons are presented in much the same manner as a regular classroom, allowing for group work, silent independent study, and homework. Attendance in intense academic or remedial programs is maintained if needed.

Behaviors stressed during this stage include trying new skills, quality or neatness of work, and positive leadership. The emphasis shifts from external control of each student's behavior towards more and more internal control. Reinforcement moves towards more traditional classroom feedback systems and the students' family/surrogate. Optimally, parents/surrogates learn to use contracts and respond to weekly feedback sheets to maintain communication with the school. This process provides backup and follow-through as their youngsters prepare for the transition to public school and community living.

4. *Transitional Classroom (TC):* As it became obvious to us that many students in RTC had difficulty transferring these learned skills to public school placements, the concept of a transitional classroom housed in a public school developed. It also became clear that a new professional role had to be developed to meet the needs of transition education. The result of this need was the creation of a transition specialist role. The role of the transition specialist is to coordinate and oversee the placement of students who attend school outside of the residential setting. Assessments of possible placements other than the TC, facilitating the transition process, and monitoring placements after transitions are all part of the transition specialist's role within the residential education program.

Rather than continuing to opt for the traditional approach of identifying appropriate public school placements based on availability of space within district classrooms or professional characteristics of receiving teachers, we decided to capitalize on low enrollments and the underutilization of classroom space within various school buildings in the district.

After a period of searching, a K-8 school was found in which the principal and teaching staff had a history of support for special education, space for a classroom was available at no charge, and proximity to the RTC was maximized. One unique component of the TC structure lies in its staffing arrangement. The classroom was staffed by a teacher who was currently employed within the residential setting and who had public school teaching experience. This factor allowed for maximum communication between the RTC and the classroom at the public school and was predominantly responsible for the willingness on the part of at least one RTC to allow the project to proceed.

Thus, in the fall of 1981 the Buckman Project, the TC shared jointly by the Parry Center for Children and the Waverly Children's Home, became a satellite program under the administrative and financial jurisdiction of Contract Programs yet under the direct day-to-day supervision of the building principal. The TC lent itself to a variety of programing options which ranged from full-day self-contained academic, social, and behavioral instruction to part-time academic remediation or emotional support while the students were mainstreamed within the public school classrooms. The program was so successful that another TC designed to serve adolescents was implemented at the same public school the following year.

Students from each RTC are selected by their respective agency screening committees and combined in both the elementary-aged classroom (CA 9-12) and the adolescent classroom (CA 13-15). The flavor of the TC approximates the regular classroom as much as possible. Students learn to follow regular classroom rules and overall school policies and procedures. The curriculum is based to a large extent on the assessment of the K-8th grade academic curricula within the school which provides the necessary broad skill areas and subskill areas for instruction. Instructional strategies place more and more emphasis on internal control, social reinforcement, delaying gratification, and the ability to respond to a more varied and less predictable environment.

As students exhibit the ability to perform necessary skills in the TC, identification of and placement into specific regular classrooms occurs on a part-time basis. Continued support for academic, social, and behavioral programing is provided by the TC teacher. Mainstreaming proceeds as skills develop. Inherent in this process is the continuous evaluation

of the student's rate of progress in order to monitor the adequacy of our decisions. It should be noted that some youngsters are unable to benefit from instruction in the regular classroom setting and require special education services within the TC throughout their stay in the residential treatment programs.

Parents continue to be involved in both the educational and treatment processes through conferences at the public school as well as continued therapy sessions at the agency. Plans for discharge from the RTC to family, foster, or group homes are coordinated by the social services and residential staff and include input from the educational team and public school personnel.

In many instances, the distance between the student's local community and the TC would preclude continued attendance after discharge. When this situation occurs, the Program Chairperson or Transition Specialist at the RTC facilitates the exchange of information between programs and the coordination of services. The local school district representative (LEA) is contacted and the receiving teacher invited to observe the student in either the TC or regular classroom prior to transition from program to program. Planning conferences and/or IEP meetings are arranged to set goals and outline procedures and strategies for successful reintegration. Whenever possible, the transition from school to school is completed prior to any transition in living arrangements.

The residential educational and social work departments maintain contact with the receiving school for a minimum of six months following discharge. Student progress is monitored informally and consultation is provided as needed. At the completion of the school year and henceforth for at least two more years, information concerning the student's progress in school is collected. The initial receiving teacher, as well as any subsequent teachers who assume primary responsibility for the student, are asked to complete a questionnaire addressing the student's functioning level.

IMPLICATIONS FOR FUTURE DIRECTIONS

It is clear that transitional education is a critical component of residential treatment and an integral part of the continuum of services for behaviorally disordered youth. This article has attempted to describe a model for facilitating the reintegration of students with behavioral disorders from residential treatment centers to public school programs. Problems and issues related to reintegration were outlined as a basis for organizing components of the TEM as well as for choosing appropriate curricula and instructional strategies. In addition, the various components of the TEM which allow for the systematic movement of students from one level to another were described. A unique feature of the model is the transitional classroom which is located within a public school building and designed to bridge the gap between the RTC and the regular school program.

A number of areas still need to be addressed in relation to the transitional process and the reintegration of behaviorally disordered youth from more to less restrictive educational placements. Future directions that will need to be explored include the following:

1. Research on the effectiveness of the TEM;
2. Delineating the behavioral, social, and academic requirements of classrooms at each level of the cascade in order to facilitate the match between environmental requirements and student behaviors;
3. Upgrading the status of teachers at all levels of the cascade so that every teacher, including those in the "trenches" or most restrictive levels of the continuum, is reinforced and supported for their efforts with this often difficult population of students;
4. Developing processes for providing services to "difficult" yet uncertified students in the public school within the TC through reverse mainstreaming; and
5. Developing inservice programs to educate regular educators in the transition process in order to better prepare them to receive students from residential settings.

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